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**A MODEL FOR IMPLEMENTATION OF INTEGRATED  
LIFE CYCLE MANAGEMENT FOR PREVENTIVE  
MEDICINE IN THE AIR FORCE**

**John R. Herbold, Colonel, USAF, BSC**  
Editor

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**ELECTE**  
**OCT. 13. 1993**  
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**AEROSPACE MEDICINE DIRECTORATE**  
2510 Kennedy Circle, Suite 117  
Brooks Air Force Base, TX 78235-5119

**August 1993**

**Final Technical Report for Period April 1991 - April 1993**

Approved for public release; distribution is unlimited.

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**AIR FORCE MATERIEL COMMAND**  
**BROOKS AIR FORCE BASE, TEXAS**

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JOHN R. HERBOLD, Colonel, USAF, BSC  
Chief Scientist, Aerospace Medicine Directorate

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# **A MODEL FOR IMPLEMENTATION OF INTEGRATED LIFE CYCLE MANAGEMENT FOR PREVENTIVE MEDICINE IN THE AIR FORCE**

**PREPARED AT THE REQUEST OF THE SURGEON GENERAL**

**BY:**

**THE PREVENTIVE SERVICES STRATEGIC PLANNING GROUP**

**APRIL 1993**

## **PARTICIPATING AGENCIES:**

**HUMAN SYSTEMS CENTER  
WILFORD HALL MEDICAL CENTER  
ARMSTRONG LABORATORY  
DIRECTOR OF MEDICAL SERVICES AND TRAINING, AIR TRAINING COMMAND  
USAF SCHOOL OF AEROSPACE MEDICINE  
648TH MEDICAL SQUADRON  
651ST MEDICAL SQUADRON  
AIR FORCE MEDICAL OPERATIONS AGENCY  
AIR FORCE MEDICAL SUPPORT AGENCY**

# **LIFE CYCLE MANAGEMENT OF AIR FORCE PREVENTIVE MEDICINE PROGRAMS**

## **EXECUTIVE SUMMARY**

Establishment of an integrated program for Preventive Services will focus current preventive medicine programs on Air Force specific issues. It will provide the capability to measure the impact of specialized programs on actual health outcomes for: the individual airman, the squadron, the mission, and the Air Force community.

The Air Force has ongoing programs for the delivery of health services, provision of specialized support and consultation within medical specialties, targeted medical education and training, and a mechanism for research, development, test, and evaluation (RDT&E) of medical equipment unique to Air Force requirements. However, scarce health care dollars and resources have increased demands for health care services that classically have been termed "primary prevention" or "screening tools". These services often fall outside the traditional domain of hospital centered activities. Consequently, delivery mechanisms may be fragmented and methods to insure successful delivery are not well integrated into the overall health care system. As a result, measurement of the impact of these "interventive" medical service programs on an individual's health status or on a military unit's readiness is difficult to quantify.

An integrated management program for Preventive Services will: identify cognizant authority and responsibility to direct resources; provide technical guidance to define problems; guide implementation of new programs; evaluate the efficacy of current programs; and, measure health outcomes in defined military populations. Most importantly, an integrated program will define requirements and advocate for resources needed at the operational wing level. The proposed model for San Antonio brings together health care delivery, education, research & development, and consultation at the local level and specifies the policy and support responsibilities of Air Staff. Authority and responsibility for execution of specific model prevention programs is at the wing level. Responsibility for technical and administrative assistance rests with the appropriate field operating agency. The Surgeon General, through an Air Force Preventive Services Executive Policy Board, will provide overall guidance and recommend policies to the Air Staff and the Chief of Staff for execution of Air Force integrated preventive medicine and public health programs.

Specialized support and consultation for preventive medicine and public health programs have historically been provided from Air Force Medical Service assets at Air Staff, MAJCOMS, Medical Centers, and unique units such as the 'Epidemiology Flights' (deactivated in the 1970's), the USAFE Environmental Health Laboratory (deactivated recently), and the Armstrong Laboratory and USAF School of Aerospace Medicine of today. Services provided span multiple medical, scientific, and engineering disciplines. However, several technical support areas key to the delivery of integrated preventive medicine programs are understaffed or nonexistent.

Current programs need to be realigned to provide multicenter coordinated surveillance programs for Air Force unique occupational medical questions, Air Force tailored clinical preventive medicine programs, a coordination center for health outcomes research, and an integrated education program to provide the academic foundation for an analytic approach to health services.

**A MODEL FOR IMPLEMENTATION OF INTEGRATED LIFE CYCLE MANAGEMENT  
FOR PREVENTIVE MEDICINE IN THE AIR FORCE**

**I. PREVENTIVE SERVICES DELIVERY**

- A. Problem Statement and Recommendation**
- B. San Antonio Preventive Services Consortium**
- C. Air Force Preventive Services Executive Policy Board**

**II. PREVENTIVE SERVICES SPECIALIZED SUPPORT AND CONSULTATION**

**A. Historical Services**

- 1. Occupational Medicine Clinical Program**
- 2. Industrial Hygiene Consultation**
- 3. Occupational Health Consultation**
- 4. Environmental and Occupational Toxicology**
- 5. Epidemiology and Disease Surveillance**
- 6. Aerospace Medicine Clinical Consultation Service**
- 7. Aerospace Medicine Clinical Study Groups**

**B. New Requirements**

- 1. Occupational Medicine Population Studies**
- 2. Clinical Preventive Medicine Consultation**
- 3. Health Promotion Program Technical Support**

**III. PREVENTIVE SERVICES MEDICAL EDUCATION**

**IV. PREVENTIVE SERVICES RESEARCH, DEVELOPMENT, TEST,  
AND EVALUATION (RDT&E)**

- A. Preventive Services Program Office (PSP0)**
- B. Prevention and Health Intervention Strategies  
Management Information Analysis Center (PRHISM-IAC)**

**V. RESOURCE REQUIREMENTS**

- A. Preventive Services Delivery**
- B. Preventive Services Specialized Support and  
Consultation**
- C. Preventive Services Medical Education**
- D. Preventive Services Research, Development, Test, and  
Evaluation (RDT&E)**

## I. PREVENTIVE SERVICES DELIVERY

### A. Problem Statement and Recommendation

1. Requirements and demands for health care services that classically are either primary prevention, screening tools, and/or fall outside the traditional domain of hospital centered services have escalated. Mechanisms for delivery of these services are fragmented. Methods to insure successful delivery of these services are not well integrated. And, the actual impact of these medical intervention programs on an individual's health status or military unit's readiness is not well quantified.

2. We recommend that an integrated management program for Preventive Services be established to accomplish specific functions: (a) identify cognizant authority and responsibility to direct resources; (b) provide technical guidance to define problems, guide implementation of new programs, and measure health outcomes in defined military populations; and (c) define requirements and advocate for resources needed down to wing level.

### B. San Antonio Preventive Services Consortium

The Commander, Wilford Hall Medical Center (WHMC), acting in his capacity as the Chairman of the San Antonio Health Care Coordinating Council (SA-HCCC), will propose to the SA-HCCC the establishment of a Preventive Services Standing Committee.

1. The principal objective of the Preventive Services Standing Committee will be to develop, implement, and evaluate specific model prevention strategies in the San Antonio area.

2. The Human Systems Center will provide administrative and technical support to the Preventive Services Standing Committee of the SA-HCCC.

3. The Committee will identify opportunities for collaboration in the San Antonio area and utilization of military medical education, centralized consultation, and specialty support resources for the development of model demonstration projects such as:



- a. Identify specific preventable problems contributing to loss of trainee days or course failure in recruits tracked through basic and secondary training.
- b. Assess the value of family practice cells emphasizing preventive services at a typical operational Air Force Base.
- c. Develop a model preventive services program using military treatment facilities (MTFs) to evaluate the cost benefit gained by introducing primary prevention efforts.
- d. Quantify the value of a comprehensive clinical occupational medicine program based on preventive services for civilian employees in reducing workmen's compensation costs, sick days used, and ill health.

C. Air Force Preventive Services Executive Policy Board

The Surgeon General will establish an Air Force Preventive Services Executive Policy Board to provide overall guidance and recommend policies to the Air Staff and the Chief of Staff for execution of Air Force integrated preventive medicine and public health programs.

1. The Board will be chaired by the Surgeon General.
2. Standing membership will include: the Deputy Chief of Staff, Personnel (HQ USAF/DP); the Director of Morale, Welfare and Recreation (HQ USAF/MW); the Director of Civilian Personnel (HQ USAF/DPC); and the Commander, Human Systems Center (HSC/CC) (AFMC).
3. The Air Force Medical Operations Agency (AFMOA/SGP) will serve as Executive Secretariat.
4. The Air Force Medical Support Agency (AFMSA) will provide technical support for corporate information management, centralized medical information databases, and development of special cohort (operational, occupational, and beneficiary) outpatient databases.
5. Ex-Officio members will be appointed at the discretion of the Chairman and may include civilian

consultants, military consultants to the Surgeon General, Public Health Service, Center for Prevention Services, the Agency for Health Care Policy and Research, and representatives of other federal and civilian institutions.

## II. PREVENTIVE SERVICES SPECIALIZED SUPPORT AND CONSULTATION

- A. Specialized support and consultation for preventive medicine and public health programs have historically been provided from Air Force Medical Services assets at Air Staff, MAJCOMS, Medical Centers, and unique units (Armstrong Laboratory, USAFSAM, etc.). Examples include:
1. Occupational Medicine Clinical Program
    - Occupational Medicine Service (651st Medical Squadron)
  2. Industrial Hygiene Consultation
    - Occupational and Environmental Health Directorate (Armstrong Laboratory)
  3. Occupational Health Consultation
    - Occupational and Environmental Health Directorate (Armstrong Laboratory)
  4. Environmental and Occupational Toxicology
    - Occupational and Environmental Health Directorate (Armstrong Laboratory)
  5. Epidemiology and Disease Surveillance
    - Aerospace Medicine Directorate (Armstrong Laboratory)
  6. Aerospace Medicine Clinical Consultation Service
    - Aerospace Medicine Directorate (Armstrong Laboratory)
  7. Aerospace Medicine Clinical Study Groups
    - Aerospace Medicine Directorate (Armstrong Laboratory)
- B. Several technical support areas integral to the delivery of integrated preventive medicine programs are understaffed or nonexistent. Current programs will need to be realigned or new resources identified to establish the following:

1. Occupational Medicine Population Studies. Multicenter coordinated surveillance programs for Air Force unique occupational medical questions (e.g. isocyanate-induced asthma; occupational cancer clusters).

2. Clinical Preventive Medicine Consultation. Health outcomes research; monitoring the implementation and utilization of preventive services; assessment of changes in morbidity and mortality; cost benefit and cost effectiveness analyses; utilization and provider issues; development of surveillance and data systems; development of focused physical examinations; and field consultation.

3. Health Promotion Program Technical Support. Technical support for clinical preventive services and health promotion program execution and policy development; evaluation of in place health promotion programs; development of health risk appraisal instruments and analysis of information; and conduct of health intervention research.

### III. PREVENTIVE SERVICES MEDICAL EDUCATION

- A. Specialized education and training programs for health care professionals will need to be developed for teaching programs at USAFSAM, WHMC, 3790 MSTW, and other medical teaching centers.
- B. The USAFSAM, in coordination with Air Training Command, will:
  - 1. Identify and characterize potential preventive services medical education customers (e.g. physicians, dentists, nurses, PAs, and pharmacists, as well as other medical, health promotion, and recreation specialists).
  - 2. Identify preventive services educational product requirements (e.g. residencies, fellowships, short courses, publications, and video presentations).
  - 3. Develop a comprehensive plan for preventive services education:
    - a. Identify and evaluate preventive medicine educational resources in the USAF which are currently being utilized to meet these requirements.

b. Determine what education experiences should be provided in aerospace, occupational, environmental, and preventive medicine and to whom this training should be made available.

c. Identify educational resources and methods needed to meet all preventive services educational requirements, including manpower and facilities.

4. Establish a functional unit to:

a. Track and coordinate all USAF preventive services educational programs.

b. Develop methods to improve access to preventive services educational programs.

c. Develop training programs for all USAF preventive services educational requirements.

d. Coordinate information flow between all educational resources (USAFSAM, WHMC, 3790 MSTW, Med Centers, USUHS, AL, etc.).

e. Identify methods to review and analyze the efficacy and utility of preventive services educational interventions within the USAF community.

#### IV. PREVENTIVE SERVICES RESEARCH, DEVELOPMENT, TEST, AND EVALUATION (RDT&E)

##### A. Preventive Services Program Office (PSPO):

Human Systems Center (HSC/CC) (AFMC) will establish a Preventive Services Program Office (PSPO) to plan, program, budget, and coordinate an integrated preventive services program across traditional and new Major Force Program budget categories in support of the delivery of preventive services to operational Air Force units and selected medical beneficiary populations as determined by the Air Force Preventive Services Executive Policy Board. The PSPO will (1) provide administrative, technical, and RDT&E support to the Preventive Services Standing Committee of the San Antonio Health Care Coordinating Council (SA-HCCC); (2) program for appropriate technical resources including contract

personnel, matrixing of S&T personnel from the Armstrong Laboratory, and additive AF Medical Services personnel for MTF/MEDCEN support; (3) provide a conduit for planning, management, and administration of funded demonstration projects at select military installations; and (4) support a Prevention and Health Intervention Strategies Management (PRHISM) Information Analysis Center (IAC).

B. Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC):

Human Systems Center (HSC/CC) (AFMC) will establish a Prevention and Health Intervention Strategies Management Information Analysis Center. The Information Analysis Center will support ongoing operational preventive services programs, new program development, field prototype testing, program evaluation, and demonstration projects. Specific validated requirements for a PRHISM-IAC and recommendations for personnel staffing are included in "Feasibility Survey of Pilot Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC)," Battelle-San Antonio, March 1993 (AL-TR-1993-XX).

V. RESOURCE REQUIREMENTS

A. PREVENTIVE SERVICES DELIVERY

Resource requirements for model demonstration sites and new programs will be identified by the PSPO before the start of demonstration projects or programs at each location.

B. PREVENTIVE SERVICES SPECIALIZED SUPPORT AND CONSULTATION

1. Occupational Medicine Population Studies

Occupational Medicine Physician (GS-13)  
Occupational Health Nurse (GS-12)  
Scientific Assistant (GS-7/9)

2. Clinical Preventive Medicine Consultation

Health Policy Analyst (GS-12)  
Physician Assistant (O-4)  
Preventive Medicine Physician (O-3)  
Physician Epidemiologist (O-3/4)  
Scientific Assistant (GS-7/9)

3. Health Promotion Program Technical Support

Community Health Nurse (GS-12/O-3)  
Behavioral Psychologist (O-4)  
Health Statistician (GS-12)  
Scientific Assistant (GS-7/9)

C. PREVENTIVE SERVICES MEDICAL EDUCATION

Preventive Medicine Physician (O-4)  
Military Public Health Officer (O-3)  
Enlisted Specialist Training Technician (E-6)  
Military Public Health Technician (E-5)  
Clerk-Typist (GS-4)  
Scientific Assistants (2) (GS-6/7)

D. PREVENTIVE SERVICES RESEARCH, DEVELOPMENT, TEST,  
AND EVALUATION (RDT&E)

1. PSPO and PRHISM-IAC Technical Oversight (government  
employees)

Technical Director and Chief Scientist (O-6/GM-15)  
Health Policy Specialist and Contract Manager  
(O-4/GM-13)  
Administrative Assistant (GS-9)  
Secretary/Clerk Typist (GS-4)

2. PRHISM-IAC Operations Research (government or  
contract)

Operational Research Specialist (GM-13)  
Demographer (GS-12)  
Information Sciences Specialist (GS-12)  
Mathematician/Statistician (GS-12)

3. PRHISM-IAC Technical Support Services (onsite contractor)

Program Manager/Information Sciences Specialist  
(GM-14)

Epidemiologist (GS-12)

Biostatistician (GS-12)

Database Manager (GS-12)

Database Programmer (GS-12)

Statistical Analyst (GS-9/11)

Secretary (GS-5)

Data Entry Clerks (3) (GS-3/4)

4. PRHISM-IAC Facilities and Equipment

a. Office space and furniture: Office space for 18 staff members should be contiguous among staff members and identifiable as a dedicated space for PRHISM-IAC (5,000 square feet).

b. Phone system: Networked intercom and phone system serving PRHISM-IAC staff. Four sequential incoming numbers. Direct dial long distance. Phone answering machine.

c. FAX machine: Self-answering, multisheet feed, dedicated phone line.

d. Copier: Auto feed, sort, front and back copier.

e. Computer systems:

(1) A LAN bridge to Brooks Ethernet backbone service by RISC IBM/6000 580 class AIX server Etherneted to 486 PC's with Postscript laser color printers. The RISC server should have the following configuration: 128-256 Megabytes of real memory (RAM); 5-10 spindles of 10-20 Gigabytes of disk storage; 1 8mm tape; 1 9-track tape; optical disk storage system (50 Gigabytes); each PC "486" (8 Megabyte RAM, 350 Mega Hdisk (local bus architecture), 50 Mhz cpu, Ethernet card, mouse, 1 MB super VGA).

(2) "486" or equivalent work station for each staff member.

(3) Software: Workgroup software - WP, data base, spreadsheet, e-mail; statistical software - SAS, S-plus; SCO-Open desktop UNIX for each 486 PC.

(4) Data Line: Data quality phone line for direct data exchange with other computer centers.

- f. Desktop Publishing System (Macintosh Equivalent).
- g. Scanner: Multipage feed, high speed scanner.



# **PREVENTIVE SERVICES INITIATIVE UPDATE**



## **A Model for Implementation of Integrated Life Cycle Management for Preventive Services in the Air Force**

**Colonel Richard F. Jones, Deputy Director  
Armstrong Laboratory, Brooks AFB TX**



# PREVENTIVE SERVICES INITIATIVE MESSAGE

**"We are all impatient to establish a preventive  
services capability for the Air Force."**

**BGen George K. Anderson  
19 April 1993**



# **PREVENTIVE SERVICES INITIATIVE OUTLINE**

- **Purpose**
- **Background**
- **Strategic Planning Group Summary**
- **Conclusions**
- **Resource Summary**
- **Final Recommendation**



# **PREVENTIVE SERVICES INITIATIVE**

## **PURPOSE**

- Update
- Decision
- Briefing is NOT:
  - Going to Make Everyone Happy
  - The Final Word



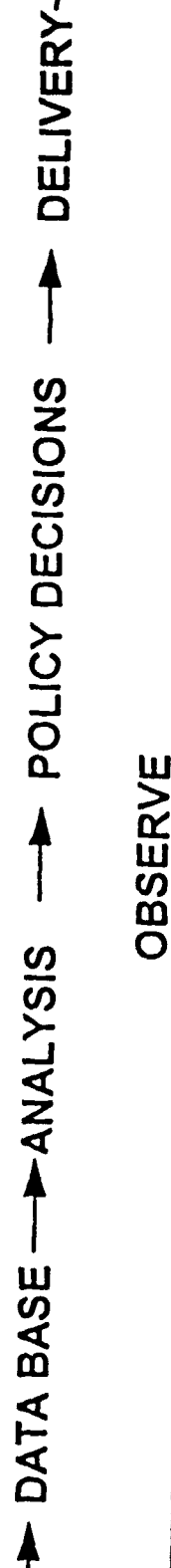
# **PREVENTIVE SERVICES INITIATIVE BACKGROUND**

- Preventive Services Deficiencies
  - Beneficiary Needs Assessment
  - Data for Resource Decisions
  - Ability to Judge Intervention Effectiveness
  - Metrics on Delivery Accomplishment
  - Clinical Preventive Medicine Consultation Capabilities



# PREVENTIVE SERVICES INITIATIVE BACKGROUND

- Information Needs Come First
  - Because Preventive Medicine is Population-based
  - To put Future on a Solid Basis





# PREVENTIVE SERVICES INITIATIVE BACKGROUND

Hq USAF  
Bolling AFB DC  
3 Apr 91

HQ AFSC/SG HQ AFMC/SG HQ AFMCC/SG HQ AFMCC/SG

Indicate willingness to support development of a center in San Antonio

--- "to serve as model for developing, delivering, and assessing the effectiveness of preventive medicine services --- would also serve as a resource for educating Air Force physicians ---"

JAMES G. SANDERS, MGen  
Deputy Surgeon General



# PREVENTIVE SERVICES INITIATIVE BACKGROUND

Hq USAF  
Bolling AFB DC  
26 Aug 91

HQ AFSC/SG HQ AFMCC/SG HQ AFMCC/SG HQ AFMCC/SG HQ AFMCC/SG

"--- Please ask your appointed representatives to meet, formulate a coordinated strategic plan for accomplishing these functions (providing preventive services, medical education, basic research, and health management research), and prepare a briefing for HQ USAF/SG in October, 1991."

JAMES G. SANDERS, MGen  
Deputy Surgeon General

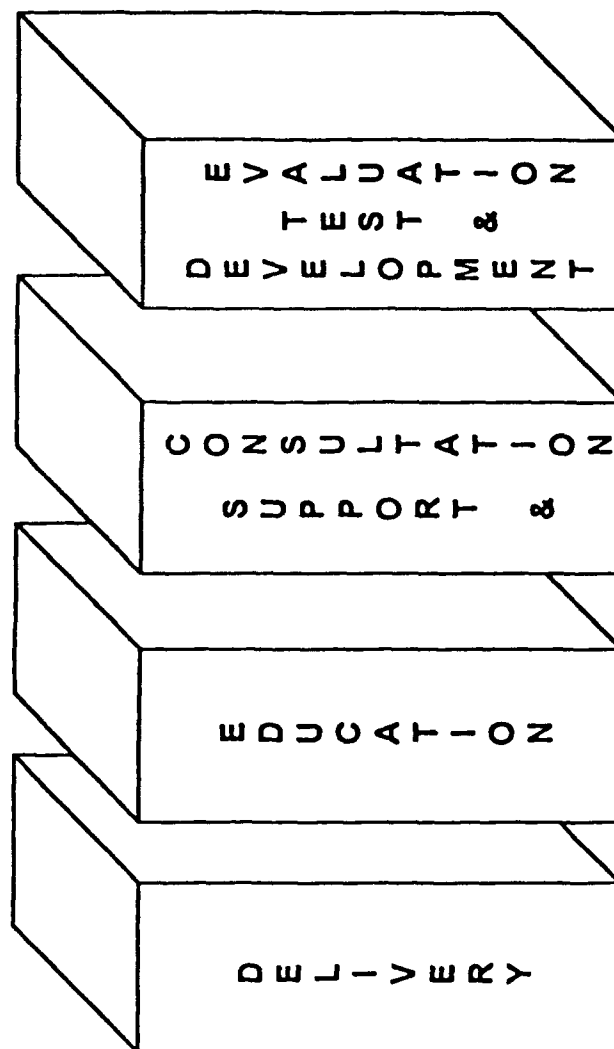




# PREVENTIVE SERVICES INITIATIVE BACKGROUND

AL/AO BRIEFING TO AF/SG (JAN 92)

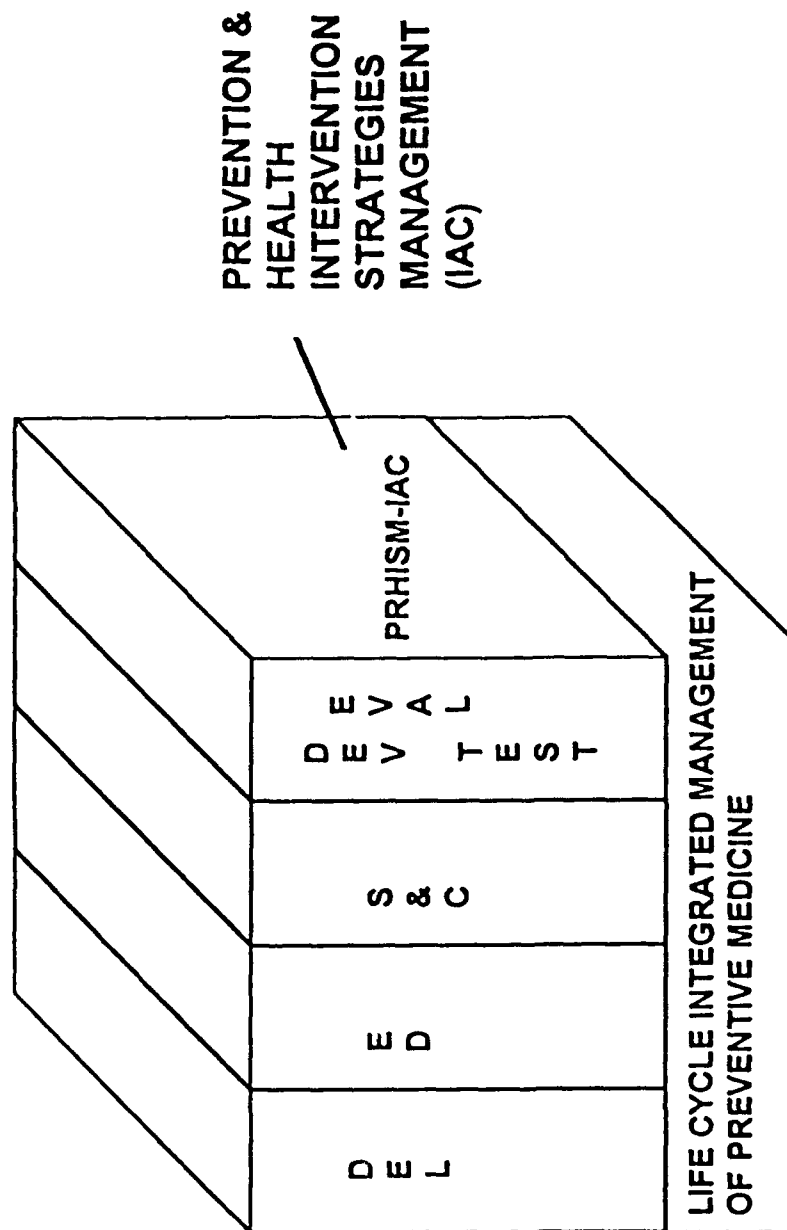
PREVENTIVE MEDICINE SERVICES  
TODAY





# PREVENTIVE SERVICES INITIATIVE BACKGROUND

## AL/AO BRIEFING TO AF/SG (JAN 92)





# **PREVENTIVE SERVICES INITIATIVE BACKGROUND**

## **AL/AO BRIEFING TO AF/SG (JAN 92)**

### **RECOMMENDATION**

- “• Direct Formulation of a Strategic Plan for a Preventive Services Center with:
  - AF/SGP as the MEO for Integrated Preventive Medicine Management
  - A Preventive Services Information and Analysis Center (IAC)”
- AF/SG Approval



# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP**

- **Group Effort**
- **Characteristics**
  - **Slow Process**
  - **Consensus Seeking**



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP MEMBERS**

- Human Systems Center - 2
- Wilford Hall Medical Center - 6
- Armstrong Laboratory Aerospace Medicine Directorate - 14
- Armstrong Laboratory Occupational and Environmental Health Directorate - 6
- Director of Medical Services and Training, Air Training Command - 1
- USAF School of Aerospace Medicine - 4
- 648th Medical Squadron, Brooks AFB TX - 1
- 651st Medical Squadron, Kelly AFB TX - 1
- Air Force Medical Operations Agency - 5
- Air Force Medical Support Agency - 2
- Battelle - 1

**Total Members = 43**

# PREVENTIVE SERVICES INITIATIVE

## STRATEGIC PLANNING GROUP ACTIVITIES

	1992												1993			
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
SG APPROVED	Δ															
PLNG GP FORMS			Δ													
PLNG GP MEETINGS				X	XX		X		X			X			X	
AFMC/ST BRIEFED				Δ												
IAC SOW PREPARED						Δ										
FUNDING FOR SOW							Δ									
CONTRACT AWARD									Δ							
SITE VISITS									1	4	7	9	2			
DFT PLNG GP RPT										Δ						
DFT IAC RPT														Δ		
FINAL PLNG GP RPT															Δ	
FINAL IAC RPT																Δ



# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RECOMMENDATIONS**

- **Preventive Services Delivery**
- **Preventive Services Specialized Support and Consultation**
- **Preventive Services Medical Education**
- **Preventive Services Research, Development, Test, and Evaluation (RDT&E)**



# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RECOMMENDATIONS**

#### **PREVENTIVE SERVICES DELIVERY**

- Establish San Antonio Preventive Services Consortium
  - San Antonio Health Care Coordinating Council Oversight
- Establish AF Preventive Services Executive Policy Board
  - Chaired by AF/SG
  - Air Staff Membership
  - AFMOA/SGP Executive Secretary





# PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RESOURCE REQUIREMENTS

Wilford Hall Medical Center (ATC)

Lackland AFB TX

6 Nov 92

HSC/CC

" -- We are particularly concerned about resource requirements because the current concept appears to envision the use of 'organic Medical Service assets' which, at least at Wilford Hall, are already justified for existing programs. Since this is essentially a new start, we strongly believe resourcing should be refined at the outset."

EDGAR R. ANDERSON, JR, MGen  
Commander



# PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RESOURCE REQUIREMENTS

HQ ATC

Randolph AFB TX

20 Nov 92

AL/AO-GA

## PREVENTIVE SERVICES DELIVERY

Without additional resources (funding and manning), we will be limited to delivering preventive services at the present level."

PAUL K. CARLTON, JR, BGen

DCS Medical Services & Training



# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RESOURCE REQUIREMENTS**

#### **PREVENTIVE SERVICES DELIVERY**

- Resource Requirements TBD before the start of Demonstration Projects or Programs



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RECOMMENDATIONS**

## **MEDICAL EDUCATION**

- Develop Comprehensive Plan
  - Identify and Evaluate Current USAF Educational Resources
  - Determine Educational Needs
  - Identify Resource and Method Needs



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RECOMMENDATIONS**

## **MEDICAL EDUCATION**

- Establish Functional Unit at USAFSAM
  - Track and Coordinate Educational Programs
  - Improve Access to Programs
  - Develop Needed Programs
  - Coordinate Flow of Information Between Resources
  - Review and Analyze Efficacy and Utility of Educational Interventions



# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RESOURCE REQUIREMENTS**

#### **MEDICAL EDUCATION**

- Preventive Medicine Physician (O-4)
- Military Public Health Officer (O-3)
- Enlisted Specialist Training Technician (E-6)
- Military Public Health Technician (E-5)
- Clerk/Typist (GS-4)
- (2) Scientific Assistants (GS-6/7)



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RECOMMENDATIONS**

## **SPECIALIZED SUPPORT AND CONSULTATION**

- Establish Capability for Occupational Medicine Population Studies
  - Analyses Based on Integrated Environmental, Industrial Hygiene, and Medical Data
  - Outbreak Specific Analyses
  - Morbidity/Mortality Interventions



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RESOURCE REQUIREMENTS**

## **SPECIALIZED SUPPORT AND CONSULTATION**

- Occupational Medicine Population Studies
  - Occupational Medicine Physician (O-4/GS-13)
  - Occupational Health Nurse (O-3/GS-12)
  - Scientific Assistant (E-4 to 7/GS-7 or 9)





# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RECOMMENDATIONS**

#### **SPECIALIZED SUPPORT AND CONSULTATION**

- Establish Clinical Preventive Medicine Consultation Capabilities
  - Technical Support for Clinical Prevention Services & Health Promotion Program Execution and Policy Development
  - Evaluation of In-place Health Promotion Programs
  - Development of Health Risk Appraisal Instruments and Analysis of Information
  - Conduct Health Intervention Research



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RESOURCE REQUIREMENTS**

## **SPECIALIZED SUPPORT AND CONSULTATION**

- Clinical Preventive Medicine Consultation
  - Health Policy Analyst (O-3/GS-12)
  - Physician Assistant (O-4)
  - Preventive Medicine Physician (O-3)
  - Physician Epidemiologist (O-3 or 4)
  - Scientific Assistant (E-4 to 7/GS-7 or 9)



# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RECOMMENDATIONS**

#### **SPECIALIZED SUPPORT AND CONSULTATION**

- Establish Health Promotion Program Technical Support Function
  - Health Outcomes Research
  - Monitoring the Implementation & Utilization of Prevention Services
  - Assessment of Changes in Morbidity/Mortality
  - Cost Benefit/Effectiveness Analyses
  - Development of Surveillance and Data Systems
  - Field Consultations



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RESOURCE REQUIREMENTS**

## **SPECIALIZED SUPPORT AND CONSULTATION**

- Health Promotion Program Technical Support
  - Community Health Nurse (O-3/GS-12)
  - Behavioral Psychologist (O-4/GS-13)
  - Health Statistician (O-3 or 4/GS-12)
  - Scientific Assistant (E-4 to 7/GS-7 or 9)



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RECOMMENDATIONS**

## **RESEARCH, DEVELOPMENT, TEST AND EVALUATION**

- Establish Preventive Services Program Office
  - Plan, Program, Budget and Coordinate
  - Administer Technical and RDT&E Support to SA-HCCC
  - Coordination of Funded Demonstration Projects



# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RECOMMENDATIONS**

#### **RESEARCH, DEVELOPMENT, TEST AND EVALUATION**

- Establish Prevention and Health Intervention Strategies Management Information and Analysis Center (PHRISM-IAC)
  - Systems Definition and Scope of Effort
  - Exploratory Data Analysis
  - Problem Identification and Definition
  - Development of Survey Tools
  - Special Projects and Field Research
  - Program Implementation, Contract Management, Evaluation
  - Health Outcomes Research
  - Information Management, Storage, and Retrieval
  - Develop and Distribute Prob/Population Specific Data Sets
  - Data Base Management/Customizing/Analysis



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RECOMMENDATIONS**

## **SAMPLE PRHISM-IAC TASKS**

- Link Environmental, Industrial Hygiene and Medical Data
- Healthy People 2000 Data Aggregation
- Analyze Health Risk Appraisal Survey Forms
- Improve Centralized Aeromedical Waiver File
- Identify the Diagnoses/Medical Procedures Expenses
- Investigate Rate of Occurrence of Specific Diseases
- Analyze Laboratory Diagnostic/Pharmacy Usage
- Access and Disseminate Worldwide Prev Med, Vaccination, and Prophylaxis Recommendations for PCS/Deployments



# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RESOURCE REQUIREMENTS**

## **RESEARCH, DEVELOPMENT, TEST AND EVALUATION**

- PRHISM-IAC Technical Oversight (Gov Employees)
- Technical Director & Chief Scientist (O-6/GM-15)
- Health Policy Specialist & Contract Manager (O-4/GM-13)
- Administrative Assistant (GS-9)
- Secretary/Clerk Typist (GS-4)





# **PREVENTIVE SERVICES INITIATIVE STRATEGIC PLANNING GROUP SUMMARY RESOURCE REQUIREMENTS**

## **RESEARCH, DEVELOPMENT, TEST AND EVALUATION**

- PRHISM-IAC Operations Research (Gov or Contract)
  - Operational Research Specialist (O-4/GM-13)
  - Demographer (O-3 or 4/GS-12)
  - Information Sciences Specialist (O-3 or 4/GS-12)
  - Mathematician/Statistician (O-3 or 4/GS-12)



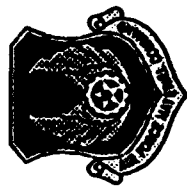
# **PREVENTIVE SERVICES INITIATIVE**

## **STRATEGIC PLANNING GROUP SUMMARY**

### **RESOURCE REQUIREMENTS**

#### **RESEARCH, DEVELOPMENT, TEST AND EVALUATION**

- PRHISM-IAC Technical Support Services (Onsite Contractor)
  - Program Manager/Info Sciences Specialist (GM-14)
  - Epidemiologist (GS-12)
  - Data Base Manager (GS-12)
  - Biostatistician (GS-12)
  - Data Base Programmer (GS-12)
  - Statistical Analyst (GS-9/11)
  - Data Entry Clerks (3) (GS-3/4)
  - Secretary (GS-5)



# **PREVENTIVE SERVICES INITIATIVE**

## **CONCLUSIONS**

- Opportunity
  - Population-based Analyses
  - Data-based Decisions
  - Timely and Informed Exposure Evaluations
  - Effective Provider/Patient Education
  - Preventive/Occupational Medicine Research and Standards
  - Increased Medical-Legal Protection
- HSC Wants the Stick

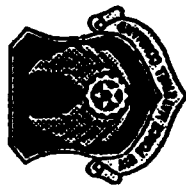


# PREVENTIVE SERVICES INITIATIVE

## RESOURCE SUMMARY

**“It was the best of times, it was the worst of times”**

**Charles Dickens**  
**A Tale of Two Cities**



# **PREVENTIVE SERVICES INITIATIVE**

## **RESOURCE SUMMARY**

### **FACILITIES AND EQUIPMENT**

- Building
  - 5000 Square Feet
  - \$ 300K
- Office Equipment and Telephones - \$ 200K
- Computer Equipment - \$ 300K

**TOTAL STARTUP COSTS - \$ 800K**



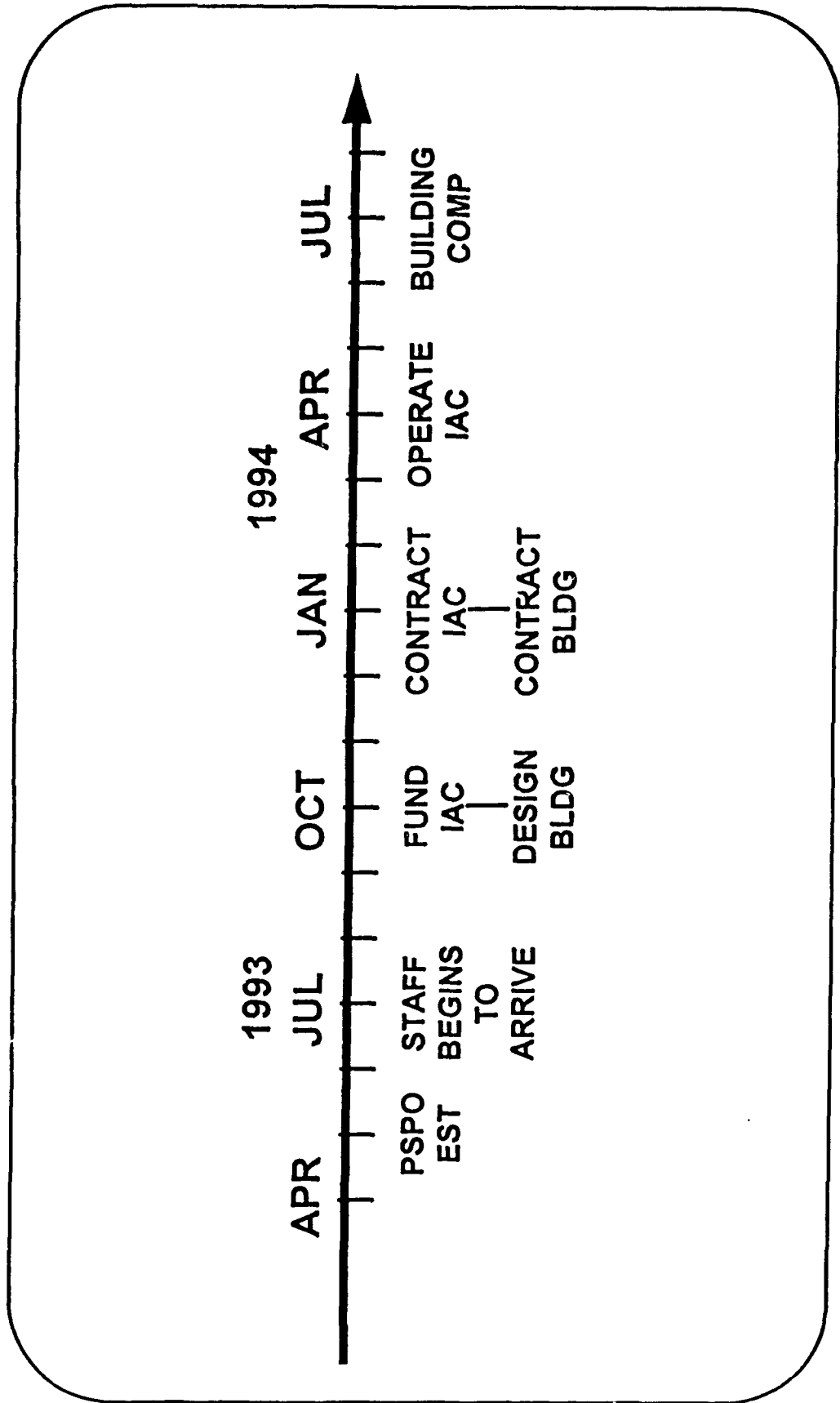
# PREVENTIVE SERVICES INITIATIVE

## RESOURCE SUMMARY

Support and Consultation	
12 Military @ 50K ea	600K
Operating Budget - 3 Branches @ 100K ea	<u>300K</u>
	900K
Education	
7 Military @ 50K ea	350K
Operating Budget	<u>100K</u>
	450K
IAC	
8 Military @ 50K ea	400K
10 Contract @ 50K ea	500K
Operating Budget - 3 Branches @ 100K ea	<u>300K</u>
	1200K
TOTAL ANNUAL COST	2550K



# PREVENTIVE SERVICES INITIATIVE MILESTONES





## RESOURCE

[illegible]



**APPENDIX A**

**Surgeon General Background Correspondence**



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
BOLLING AFB DC 20332-6100

REPLY TO  
ATTN: 01 82

8 APR 1991

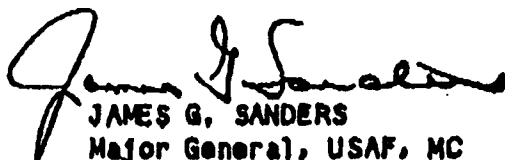
SUBJECT: Creating a Center to Develop Preventive Medical Services

TO: HQ AFSC/SG HQ AFLC/SG HQ ATC/SG

1. The attached position paper describes a proposal to create, in San Antonio, a center to serve as a model for developing, delivering, and assessing the effectiveness of preventive medical services. This center would evaluate the existing aerospace medicine, health promotion, preventive medicine, occupational medicine, and public health programs to identify deficiencies and develop more effective ways to deliver these services within the Air Force medical treatment system. In addition, the center would also serve as a resource for educating Air Force physicians in aerospace medicine, occupational medicine, preventive medicine, and public health.

2. Creating this center will require cooperation and resource sharing among Wilford Hall USAF Medical Center, the USAF School of Aerospace Medicine, and the occupational medicine service at Kelly AFB, TX. I think this center will greatly assist us in determining the most efficient ways of protecting and promoting the health of our patients.

3. Please review this proposal, inform me by 1 Jun 91 of your willingness to support development of this center, and provide a point of contact to serve on the development group. If you have additional questions, my point of contact is Major Richard O. Dockins, HQ USAF/SGPA, Bolling AFB, DC 20332-6188, DSN 297-1837.

  
JAMES G. SANDERS  
Major General, USAF, MC  
Deputy Surgeon General

1 Atch  
Position Paper, w/Appendix

**POSITION PAPER**  
**ON**  
**PREVENTIVE MEDICAL SERVICES IN THE AIR FORCE**

We currently provide a variety of the health services which are preventive in nature. These services currently consist of health promotion activities, public health programs, occupational health services, and clinical preventive services. Access to these services is variable depending on the beneficiary category of the patient and the local facilities' resources.

Recently, line management has become interested in having health promotion services offered by Air Force medical facilities. DoD Health Affairs is promoting preventive medical services as a way to reduce acute health care costs.

As a result of these pressures, the delivery of preventive medical services has become a fragmented, poorly coordinated collection of programs competing for resources. Determining which services to offer, where they should be offered, and who they should be offered to requires knowledge of the demographic characteristics of the patient population, the incidence of potentially preventable health events, the prevalence of health risks, and the effectiveness of specific interventions. At present, we don't have programs in place to answer many of these questions nor do we train physicians to use the methods that are available.

Currently, health promotion programs, occupational health services, and other preventive services are being offered without a clear understanding of the expected benefits of these services and there are no methods currently in place to evaluate their effectiveness. Producing evidence showing these services actually result in the outcomes intended (reduced rates of morbidity and mortality) is not possible in our current system. Consequently, providing

justification for expanding (or even continuing to offer) these services is difficult.

Delivering appropriate services and evaluating their effectiveness requires resources that are extremely scarce. We have very few specialty-trained preventive medicine or occupational medicine physicians and none are currently in a medical facility evaluating clinical services or the efficacy of preventive programs.

All preventive specialties use similar methods but focus on different patient populations and health outcomes. Preventive medicine attempts to identify and prevent significant health events in the whole population. occupational medicine focuses primarily on preventing work-related health events in the work force. Aerospace medicine is concerned mainly with protecting the health of aerospace systems operators.

For specialists in these areas to offer appropriate services, they must be able to obtain the needed demographic and health status data on the target population, provide services, evaluate their impact, implement the effective interventions and discard the ineffective ones.

To develop the methods and systems required to do this we recommend establishing a department of preventive medicine in a major medical center with four components; clinical preventive medicine, aerospace medicine; occupational medicine and public health, and industrial/environmental hygiene. The attached chart depicts the organizational structure.

This department should perform four fundamental functions:

- a. Provide clinical services. Offer care for and perform aeromedical evaluations, provide occupational health services to the work force, offer clinical preventive services and health promotion programs to all beneficiaries, and provide public health services and communicable disease control programs.

b. Provide education. Train physicians and allied health professionals in the principles and practice of preventive medicine, with specific exposure to aerospace medicine, occupational medicine, and public health.

c. Perform basic research. Develop and evaluate the effectiveness of specific preventive services in reducing morbidity and mortality in the target patient population.

d. Perform health services and management research. Develop methods and programs to efficiently and effectively offer preventive health services in the Air Force health system.

San Antonio, TX, appears to be the best site to develop this program. We have a need to offer enhanced preventive medicine and occupational medicine training for the residents in aerospace medicine, a large work force at Kelly AFB, TX, with needs for improved occupational medicine services, the availability of preventive and occupational medicine specialists at Brooks AFB, TX, and Wilford Hall USAF Medical Center has an interest in developing such a program.

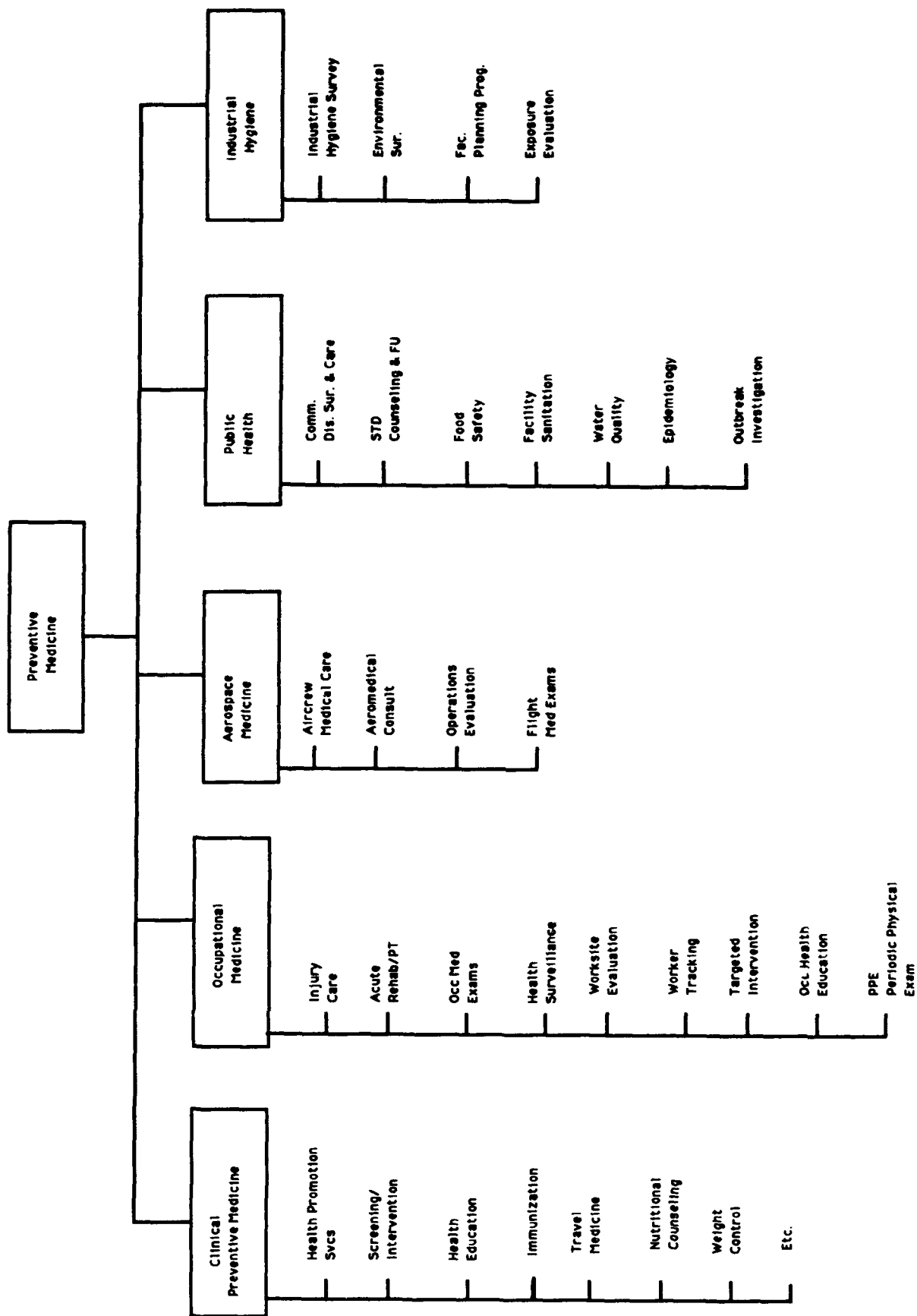
The program described should utilize the existing resources in San Antonio to develop a comprehensive preventive medicine center developing and evaluating services, performing research, educating health professionals, and developing intervention programs for proliferation to other facilities.

#### RECOMMENDATION

Ask HQ ATC/SG, HQ AFLC/SG, HQ AFSC/SG to evaluate this proposal and form a consortium to develop an academic department of preventive medicine in San Antonio sharing resources from Wilford Hall USAF Medical Center, the Armstrong Laboratory, and Kelly AFB.

1 Appendix  
Organizational Chart

# Preventive Medicine Program Organization

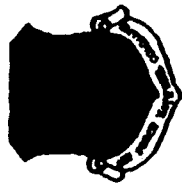




# PREVENTIVE SERVICES CENTER

## Concept Briefing

Col Roger Landry  
Armstrong Laboratory  
DEC 91



## AF/SG Tasking (Apr 91)



Evaluate proposal ... Air Force Center for Preventive Medicine

6

- Delivery of Preventive Medical Services
- Medical Education
- Evaluation of the efficacy of Prev. Med. Svcs.
- Development & evaluation of AF wide programs





# PREVENTIVE SERVICES CENTER



## Briefing Overview

- Introduction
- Background
- Concept Presentation
- Summary
- Recommendations



**WMIC  
KATB CLINIC  
LAFB DISP  
WHINC  
USARSAH  
ARMSTRONG LAB  
AFMSS  
AFMSS  
ARMSTRONG LAB**

**MEDICAL EXECUTIVE OFFICER**

## COORDINATING COUNCIL

PREVENTIVE  
SERVICES  
CORPORATION  
ANALYSIS  
CENTER  
INCORPORATED

PSIAC

OF PREVENTIVE MEDICINE

## LIFE CYCLE INTEGRATED MANAGEMENT

**DEI**



# THE NEW YORK PUBLIC LIBRARY



# PREVENTIVE MEDICINE



WHAT IS PREVENTIVE MEDICINE?



# PREVENTIVE SERVICES CENTER



## Preventive Medicine Specialities

- AEROSPACE MEDICINE
- OCCUPATIONAL MEDICINE
- PUBLIC HEALTH
- PREVENTIVE MEDICINE



# PREVENTIVE SERVICES COMPREHENSIVE AND MULTI-FACETED



Aerospace Medicine

Flight Medicine

Military Public Health

Bioenvironmental Engineering

Occupational Medicine

Industrial Hygiene

Clinical Preventive Medicine

General Preventive Medicine

Epidemiology

• Education

• Research

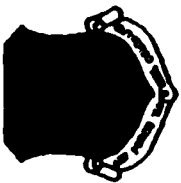
• Practice



# PREVENTIVE MEDICINE



IS IT SNAKE OIL?  
COST EFFECTIVE?  
WHY BOTHER?



## PREVENTIVE MEDICINE DOES WORK



- Accidents and Injuries
- Heart disease
- Smoking
- Infectious disease
- Cancer
- Demonstrated high return on investment in select groups



# PREVENTIVE SERVICES



HOW DO WE DO IT IN THE AIR FORCE?





# SCHEMATIC OF AF STRUCTURE



CSAF

SG

AFOMS

ACC

AMC

ATC

AFMC

WING/CC

WING/CC

AFMTC

SA-ALC

HSD

MTF

MTF

WHMC

MTF

YA

USAFSAM

ARMSTRONG  
LAB

MTF



**PREVENTIVE SERVICES  
DELIVERY (DEL)**



CSAF

SG

AFOMS

ACC

AMC

ATC

AFMC

WING/CC

WING/CC

AFMTC

HSD

SA-ALC

MTF

MTF

WHMC

MTF

DEL

DEL

DEL

YA

USAFSAM

ARMSTRONG  
LAB

MTF

DEL

DELIVERY (DEL)



**PREVENTIVE SERVICES  
EDUCATION (ED)**



CSAF

AFOMS

SG

ACC

AMC

ATC

AFMC

WING/CC

WING/CC

AFMTC

HSD

SA-ALC

MTF

MTF

WHMC

MTF

DEL

DEL

DEL

DEL

YA

USAFSAM

ARMSTRONG  
LAB

MTF

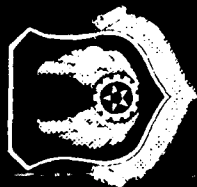
DEL

ED

ED

EDUCATION (ED)

DELIVERY (DEL)



**PREVENTIVE SERVICES  
SUPPORT & CONSULTATION (S&C)**



CSAF

SG

AFOMS

S&C

ACC

AMC

ATC

AFMC

WING/CC

WING/CC

AFMTC

HSD

MTF

MTF

WHMC

SA-ALC

MTF

DEL

DEL

DEL

DEL

YA

USAFSAM

ARMSTRONG  
LAB

MTF

DEL

ED

SUPPORT & CONSULTATION (S&C)

EDUCATION (ED)

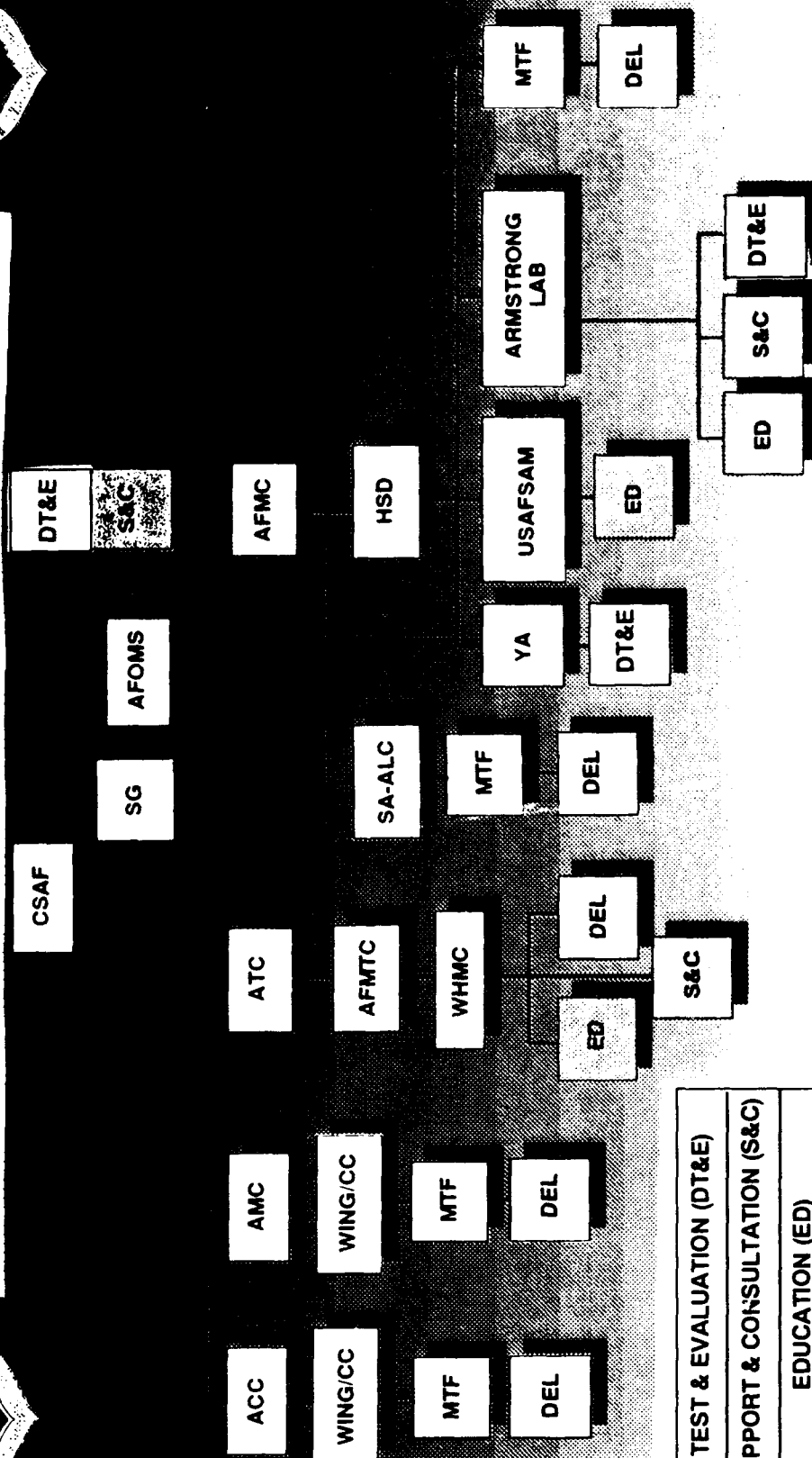
DELIVERY (DEL)

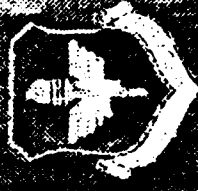
ED

S&C

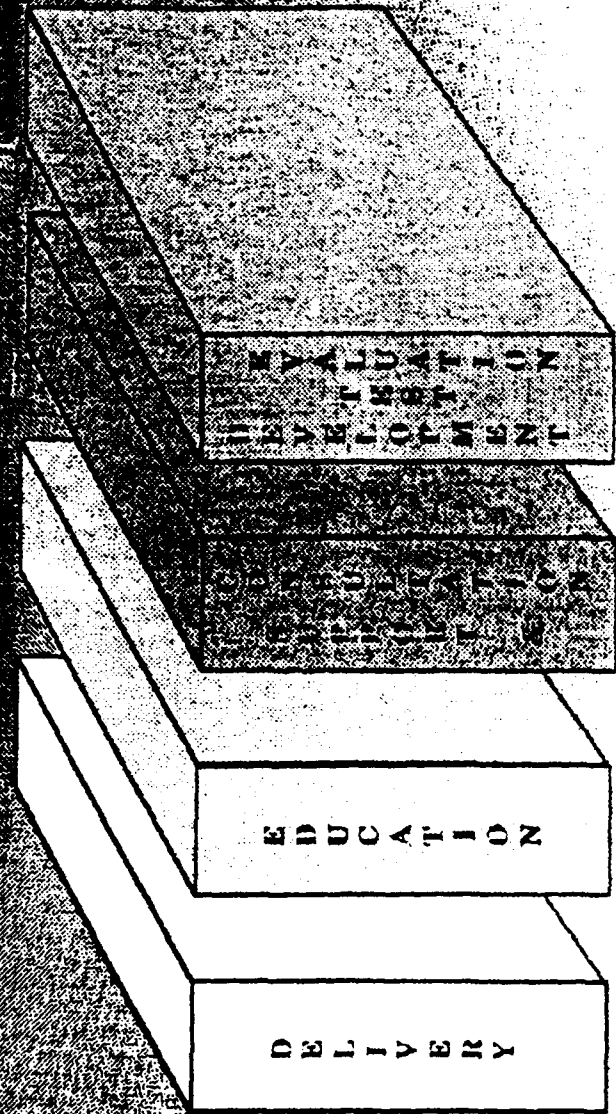
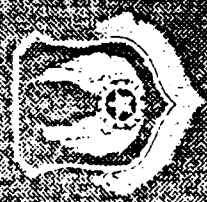


**PREVENTIVE SERVICES  
DEVELOPMENT TEST & EVALUATION (DT&E)**



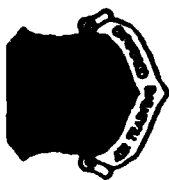


# PREVENTIVE MEDICINE SERVICES TODAY





# PREVENTIVE SERVICES



IS THERE A BETTER WAY?



# PREVENTIVE MEDICINE



## A Better Way

- Prevents duplication of effort
- Utilizes best available resources
- Reduces response time
- Enhances problem anticipation and identification



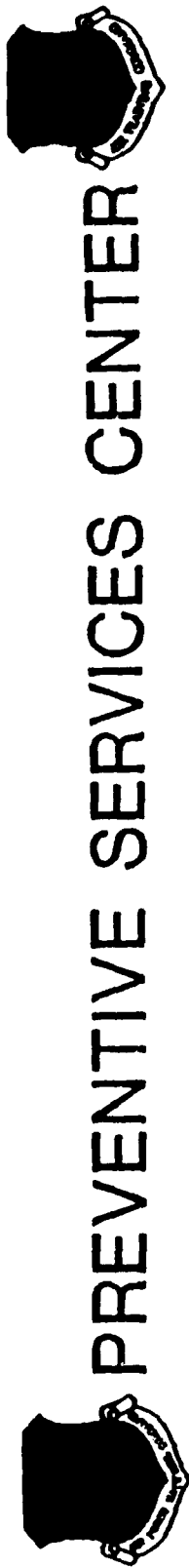


# PREVENTIVE SERVICES



## The Problem To Be Solved

- *There does not exist in the USAF a fully coordinated Preventive Services delivery system*



## MISSION

DEVELOP, EVALUATE, AND PROVIDE EFFECTIVE PRODUCTS  
FOR THE DELIVERY OF PREVENTIVE SERVICES

# **Preventive Services Center**

## **Products**

- **Consultation and reference services**
- **Specialized programs and tools**
- **Analysis and reports**
- **Repositories and archives**
- **Data base access**
- **Standards and regulations**
- **Technology base advancement**
- **Resource allocation studies**
- **Educational techniques**



## PREVENTIVE SERVICES CENTER



### What Does It Need?

- Approach
- Expertise and Facilities
- Data Bases/Information Analysis
- Oversight



## PREVENTIVE SERVICES CENTER



### What Does It Need?

- APPROACH
- Expertise and Facilities
- Data Base
- Oversight



# PREVENTIVE MEDICINE

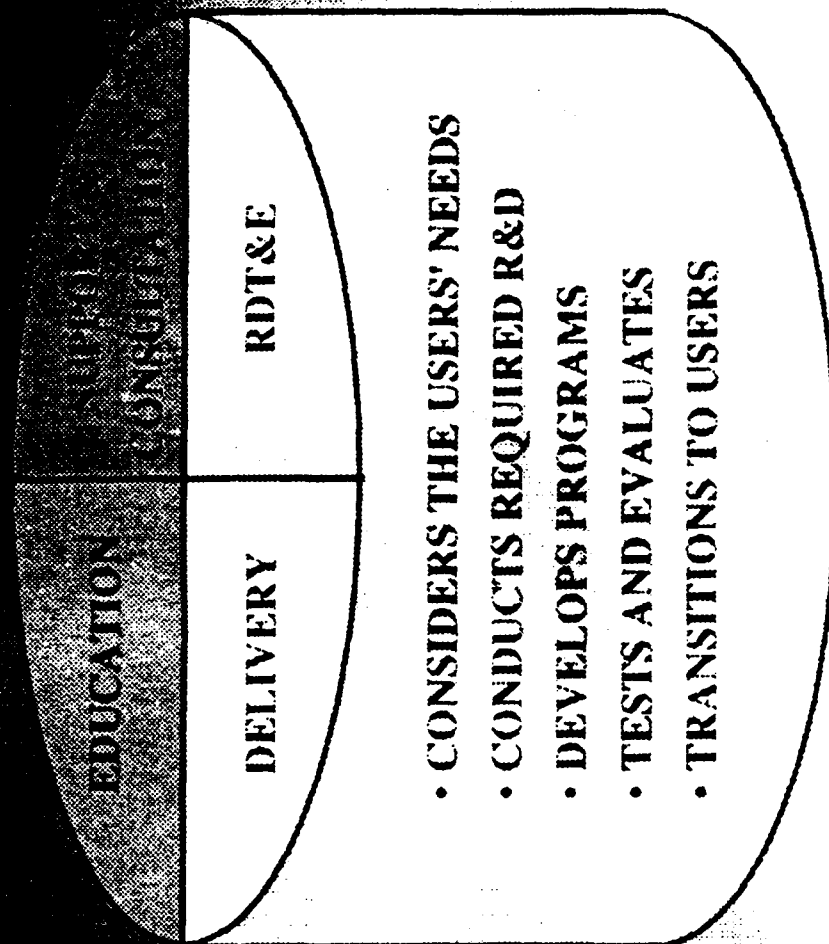


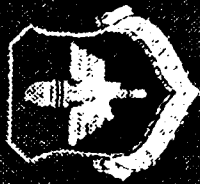
## A Systems Approach

- Considers the users' needs
- Conducts required R&D
- Develops programs
- Tests and Evaluates
- Transitions to users

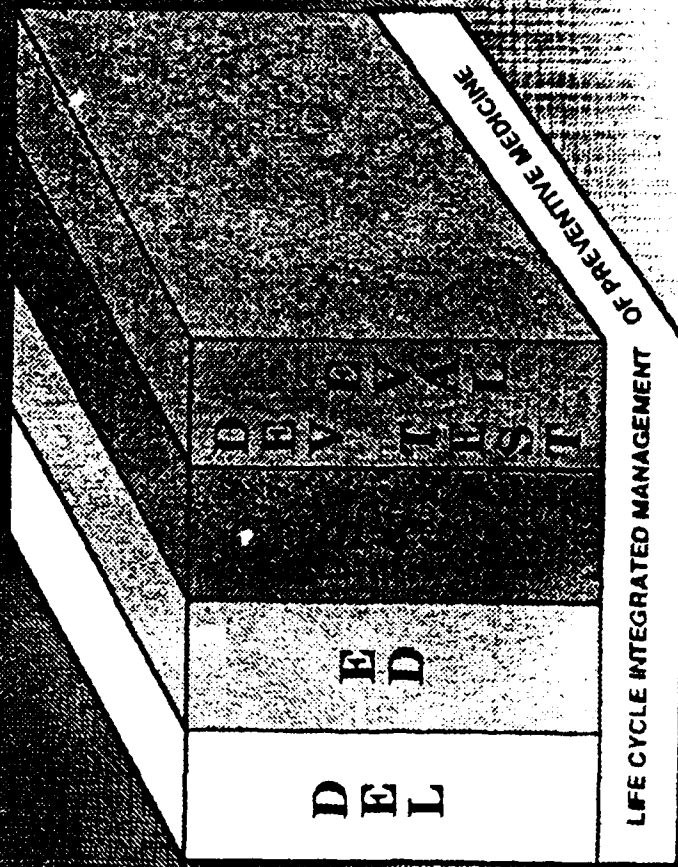
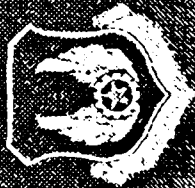


# PREVENTIVE SERVICE CENTER LIFE CYCLE INTEGRATED MANAGEMENT





# PREVENTIVE SERVICES CENTER







# PREVENTIVE SERVICES CENTER ITS PLACE IN THE CURRENT SYSTEM



ESTABLISHED  
ROUTES  
TO  
PRODUCT

NEEDS

USER

NEEDS

PREVENTIVE SERVICES

TASKING

TASKING

SG

CENTER

PRODUCTS

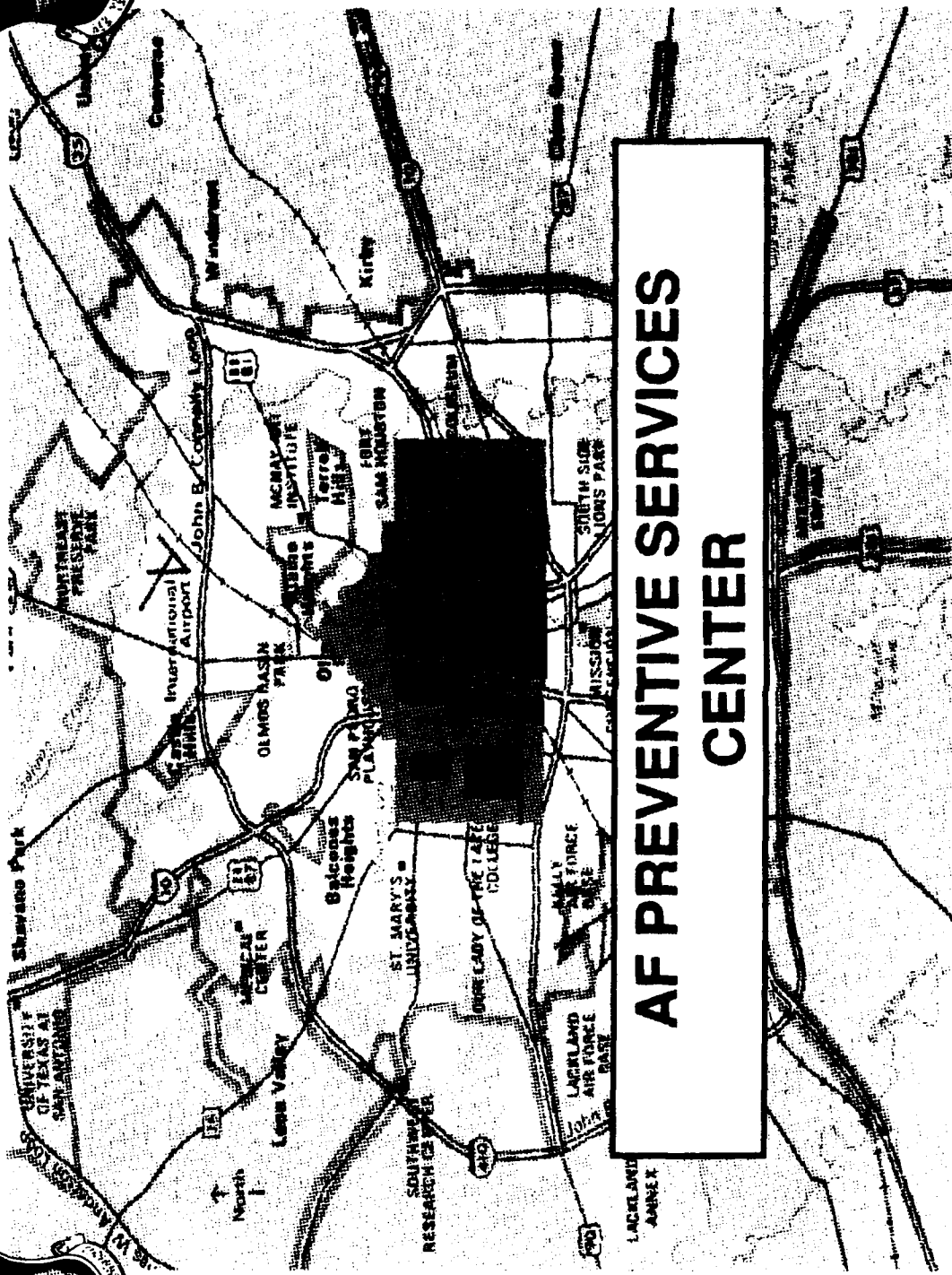


## PREVENTIVE SERVICES CENTER



### What Does It Need?

- Approach
- Expertise and Facilities
- DATA BASE
- Oversight



**AF PREVENTIVE SERVICES  
CENTER**



# WILFORD HALL



## Capabilities and Resources

- Regional Medical Center
- Recruit Center
- Clinical Preventive Medicine



# KELLY



## Capabilities and Resources

- Air Logistics Center
- Major Occupational Medicine Needs
  - Toxicology
  - Industrial Hygiene
  - Clinical Occupational Medicine



# **BROOKS**

## **Capabilities and Resources**



- Consultation and R&D
  - Preventive cardiology
  - Epidemiology
  - Bioeffects of the aerospace environment
  - Laboratory standards and compliance
  - Occupational Medicine
  - Aerospace Medicine
- Education
  - Aerospace Medicine
  - Military Public Health
  - Bioenvironmental Engineering
  - Industrial Hygiene
- Acquisition Infrastructure
  - Contracting
  - Human Systems Program Office
  - Plans and Programs
- AFOMS
- AFCEE, and much more

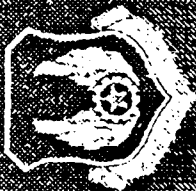
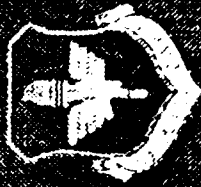


## OTHER SAN ANTONIO AGENCIES

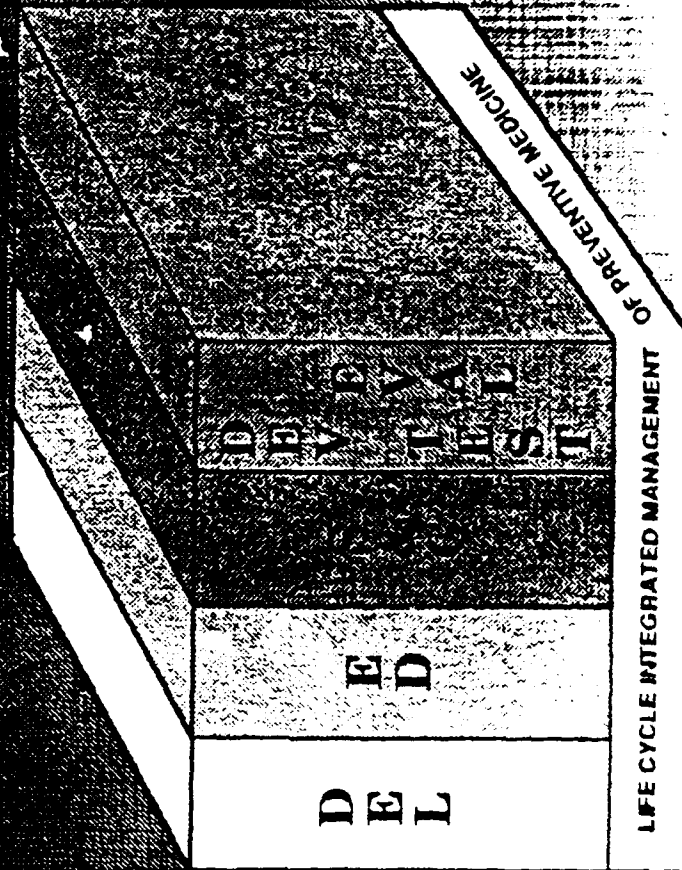


- UT Health Science Center
- SW Foundation for Biomedical Research
- DVA Hospital
- Randolph AFB Clinic
- TX Dept of Health
- TX State Chest Hospital
- SA Health Department
- Ft Sam Houston
  - BAMC
  - AHS
  - Vet Svcs

# PREVENTIVE SERVICES CENTER



ARMSTRONG LAB /  
AFOMS LAB /  
AFSGP /  
AFOMS LAB /  
USAFSAM /  
WHMC /  
WHMC /  
LAFB CLINIC /  
LAFB DISP







# PREVENTIVE SERVICES CENTER PREVENTIVE SERVICES EXPERTISE IN SAN ANTONIO



PARTICIPATING  
ORGANIZATIONS

NEEDS  
**USER**  
NEEDS

TASKING

**SG**

TASKING

PREVENTIVE SERVICES

CENTER

PRODUCTS

INFORMATION

ARMSTRONG  
EA B

USAFSAM

WHMC

AFOMS

AFCEE

SA-ALC

HSD/VA

BAMC



## PREVENTIVE SERVICES CENTER



### What Does It Need?

- Approach
- Expertise and Facilities
- DATA BASE
- Oversight

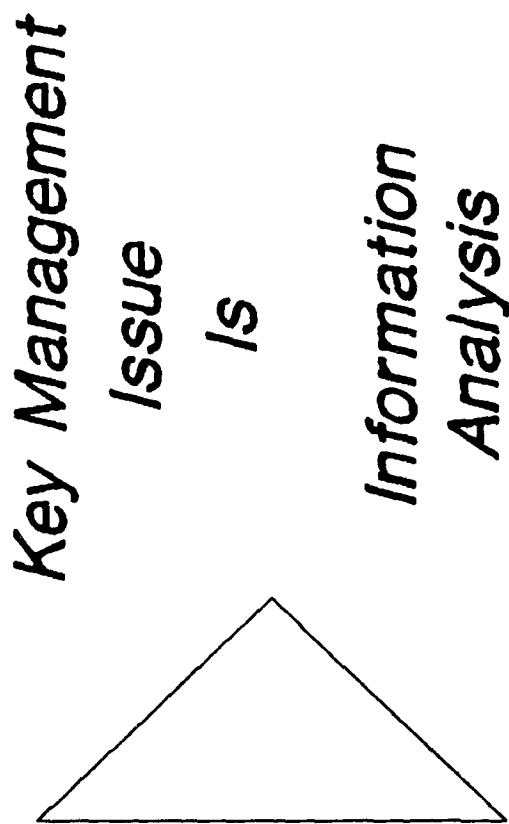


# PREVENTIVE SERVICES CENTER



## Core Functional Issues

- Assessment
- Education
- Intervention
- Follow-up





# PREVENTIVE SERVICES CENTER



## Data Bases

- Must have access to proper information
  - Provide answers
  - Timely
  - Customized
- Robust data bases extant
  - Medical: AFOMS
  - Personnel: MPC
  - Demographic: AL/HR
  - Static: HEART, CARE
- Prev Services Center will require merged *data base*
  - Such data base would be national resource

# **Preventive Services Center**

## **WHAT IS AN INFORMATION ANALYSIS CENTER (IAC)?**



# PREVENTIVE SERVICES CENTER



## Information Analysis Center

(DOD 3200.12-R-2)

- **FUNCTION:** Archival & Analysis of Tech Info
- **FUNDING:** OSD R&E, DLA Oversight
- **REQUIREMENTS:** Establish Need (Market Survey)
- **EXAMPLES:** HSD has CSERIAC
- **MANPOWER:** Usually Contract Personnel

# *Defense Technical Information Center*

## **Summary Sheet**

### **Information Analysis Center Program**

The logo consists of the letters 'I' and 'Ac' in a stylized, bold, serif font. The 'I' is tall and narrow, and the 'Ac' is shorter and wider, with the 'A' and 'c' joined together.

The Defense Technical Information Center (DTIC) manages and funds contractor-operated DoD Centers for Analysis of Scientific and Technical Information, known by the acronym IAC. These Centers provide DTIC users with access to specified references services and subject matter experts. IACs are concerned with the Scientific and Technical Information (STI) CONTENT of worldwide engineering, technical and scientific documents and databases. These Centers receive technical management from DoD laboratories and agencies with leading competence in the field of science and technology within which the particular Centers function. In addition, technical expertise is provided by practicing scientists and engineers associated with the research and the development facility.

The IAC mission is to assist in improving the productivity of the Defense RDT&E community's scientific and engineering personnel through timely dissemination of evaluated information in their fields of specification. IACs are basically similar in operation; each Center collects, analyzes, uses and stores available information and attempts to fill the gaps identified in the knowledge base by creating the missing information. They use (and enlarge upon) existing information resources and collection rather than try to duplicate them. An additional mission relates to technical and administrative support to joint DoD committees in the review and coordination of R&D efforts concerning interservice compatibility of technology programs and the promotion of information exchange. IACs cover highly specialized, technical subject areas of major concern to DoD research and development programs. Coverage is of greater depth and breadth than is possible in DTIC. Many IACs use the Defense RDT&E Online System (DROLS) to maintain an online citation file of their reference holdings and referral information DTIC is tasked to provide. IACs provide answers.

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DTIC users are encouraged to request information services directly from appropriate IACs when qualitative information evaluations requiring technical knowledge and expert judgement are needed. Simple reference services and current awareness are free, but service charges are imposed on products and time-consuming services to offset preparation costs. Payment options include subscription plans, direct billing, deposit accounts with the IAC or NTIS, among others.

DTIC has published an Information Analysis Center Directory of all DoD IACs which contains names of Centers, telephone numbers and addresses along with a brief synopsis of the IAC subject coverage. A technical report, Information Analysis Centers in the Department of Defense (AD A184 002) contains an analysis of the IAC concept and extensive bibliography of related references.

For more information about the IAC Program contact:

Defense Technical Information Center  
ATTN: DTIC-DF, IAC Program Manager  
Alexandria, VA 22304-6145  
(202) 274-6260 or AUTOVON 284-6260

**DTIC** / *Acquiring Information -  
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March 1988

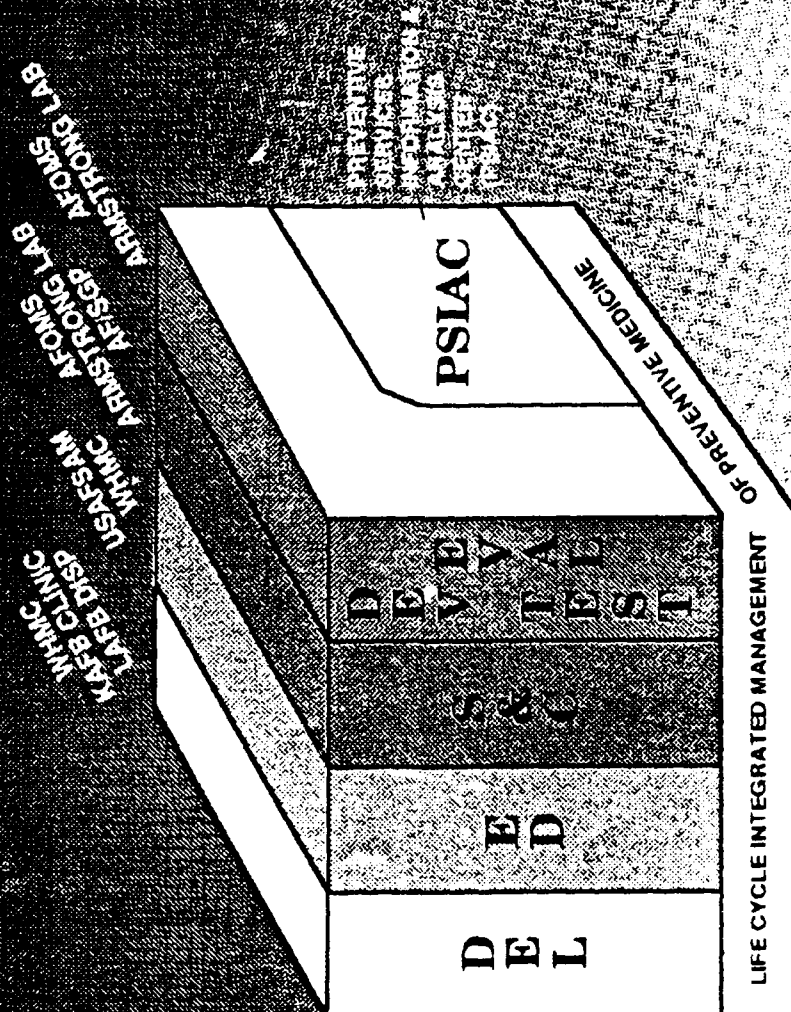
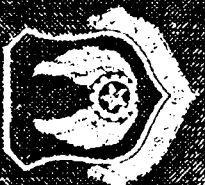
## TELEPHONE CONTACTS FOR IACs:

Chemical Propulsion Information Agency (CPIA) .....	(301) 953-5850
Laurel, MD	
Chemical Warfare/Chemical Defense Information Analysis Center (CBIAC) .....	(301) 676-9030
Edgewood, MD	
crew System Ergonomics Information Analysis Center (CSERIAC) .....	(513) 255-4842
	Autovon 785-4842
Data and Analysis Center for Software (DACS) .....	(315) 336-0937
Griffiss AFB, NY	
Guidance and Control Information Analysis Center (GACIAC) .....	(312) 567-4519
Chicago, IL	
High Temperature Materials Information Analysis Center (HTMIAC) .....	(317) 494-9393
West Lafayette, IN	
Infrared Information and Analysis Center (IRIA) .....	(313) 994-1200
Ann Arbor, MI	Extension 2214
Metals and Ceramics Information Center (MCIC) .....	(614) 424-5000
Columbus, OH	
Metal Matrix Composites Information Analysis Center (MMCIAC) .....	(805) 963-6475
Santa Barbara, CA	
Nondestructive Testing Information Analysis Center (NTIAC) .....	(512) 522-2737
San Antonio, TX	
Reliability Analysis Center (Electronics) (RAC) .....	(315) 337-0900
Griffiss AFB, NY	
Manufacturing Technology Information Analysis Center (MTIAC) .....	(312) 567-4730
Chicago, IL	
Survivability/Vulnerability Information Analysis Center (SURVIAC) .....	(513) 255-4840
Wright-Patterson AFB, OH	Autovon 785-4840



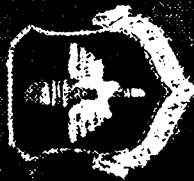


# PREVENTIVE SERVICES CENTER





# PREVENTIVE SERVICES CENTER PREVENTIVE SERVICES INFORMATION ANALYSIS CENTER



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WHMC

AFOMS

AFCEE

SA-AIC

HSD/YA

BAMC

INFORMATION



## PREVENTIVE SERVICES CENTER

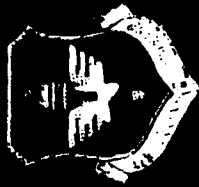


### What Does It Need?

- Approach
- Expertise and Facilities
- Data Base
- OVERSIGHT



**PREVENTIVE SERVICES CENTER  
OVERSIGHT**



**MEO: SGP**

**Coordinating Council**

**OPR PSIAC: Aerospace Medicine Directorate,  
Armstrong Laboratory**



# PREVENTIVE SERVICES CENTER COORDINATING COUNCIL



MEO

Executive  
Secretariat

## Specialty Advisory Groups

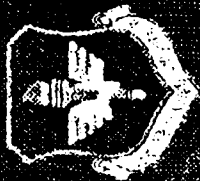
Aerospace  
Medicine

Epidemiology

Education

Occupational  
Health

Other



DEL

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DEVELOPMENT

WHIC LAB CLINIC

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OF PREVENTIVE MEDICINE

PREVENTIVE SERVICE OFFICE INFORMATION & ANALYSIS CENTER 1982G

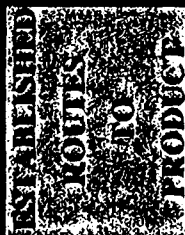
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AFOSM LAB

LIFE CYCLE INTEGRATED MANAGEMENT



# PREVENTIVE SERVICES CENTER COORDINATING COUNCIL AND MEO OVERSIGHT



PARTICIPATING  
ORGANIZATIONS

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SA-ALC

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**PSIAC**  
COUNCIL

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PRODUCTS

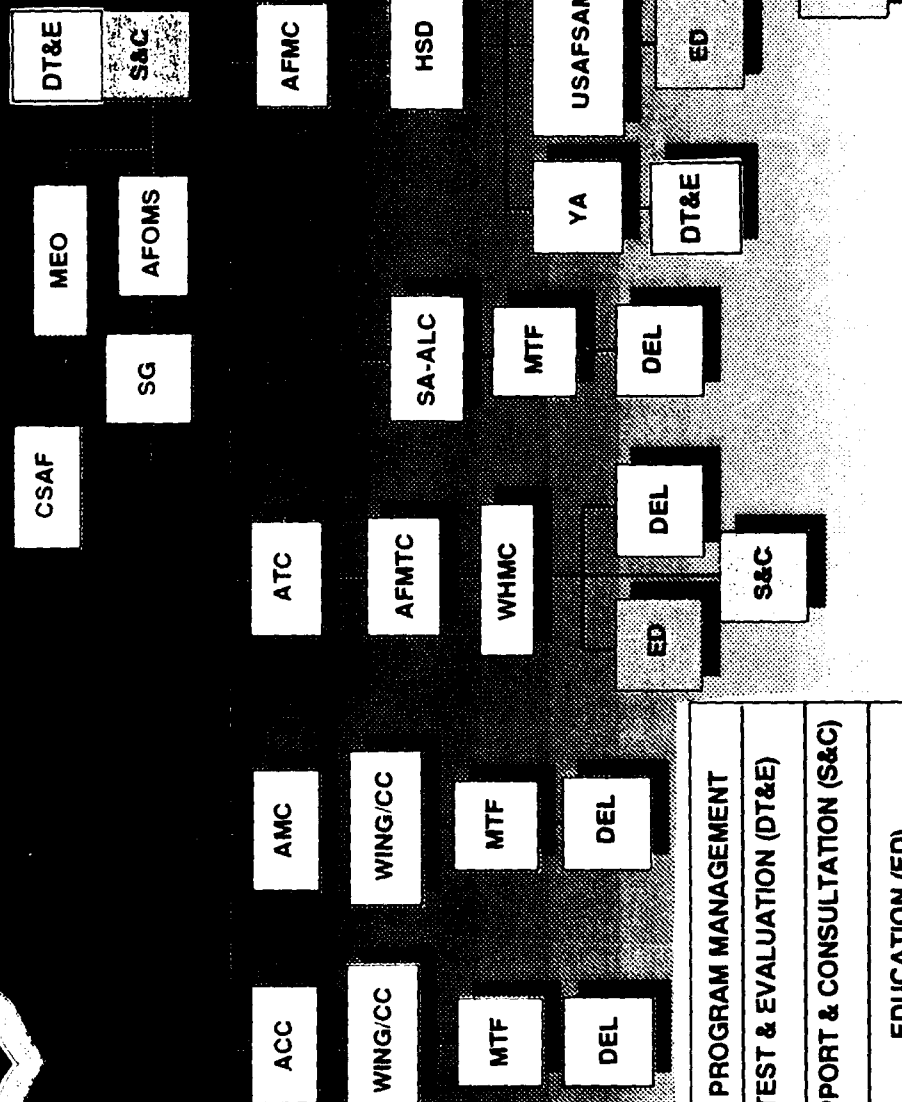
TASKING

TASKING

**SG**

**MEO**

INFORMATION



<b>PROGRAM MANAGEMENT</b>
<b>TEST &amp; EVALUATION (DT&amp;E)</b>
<b>SUPPORT &amp; CONSULTATION (S&amp;C)</b>
<b>EDUCATION (ED)</b>
<b>DELIVERY (DEL)</b>





# PREVENTIVE SERVICES CENTER



## Recommendations

### HQ USAF/SG:

- Direct formulation of a strategic plan for a Preventive Services Center with:
  - USAF/SGP as the MEO for integrated preventive medicine management
  - A Preventive Services Information Management & Analysis Center (PSIAC)
    - AFOMS a principal support organization
    - AL/AO OPR for Preventive Services IAC
- Briefed Lt Gen Sloan, USAF/SG, Jan 92 & recommendations approved

**APPENDIX B**  
**Strategic Planning Group Activities**

**Note: Attachments to Minutes of Committee Meetings (Appendix B2)  
are listed in Appendix B3.**

PARTICIPANTS/PARTICIPATING AGENCIES

PREVENTIVE SERVICES STRATEGIC PLANNING GROUP MEETINGS

Human Systems Center: Brig Gen George Anderson (CC)  
Col Robert Miller (XRT)  
Col Jim Roudebush (CV)  
Lt Col Jerry Owen (YAWM)  
Lt Col Layne Perelli (XRT)

Wilford Hall Medical Center: Col John Stepp (SGK)  
Col David Wiesenfeld (SGKFM)  
Lt Col G. Vaden Blackwood (SGK)  
Lt Col Gary Gackstetter (SGK)  
Maj Greg Melcher (SGHMI)  
Maj Gary Triche (SGK)

Armstrong Laboratory: Col Richard Jones (CD)  
Col John Herbold (AO-CA)  
Col Edward Maher (OEB)  
Col Judson Miner (AOEP)  
Col Bruce Poittrast (OE-CA)  
Col David Porterfield (AO)  
Col Mark Stokes (OEM)  
Col Ron Warner (AOES)  
Col William Wolfe (AO)  
Lt Col Jerry Baker (OEMB)  
Lt Col Kent McLean (AOP)  
Lt Col Glenn Mitchell (AOC)  
Lt Col Benton Zwart (AOCF)  
Maj Phoebe Fisher (OEMO)  
Maj Mary Gabriel (AOES)  
Maj Ben Hibbler (OEMO)  
Maj Robert Johnson (AOCR)  
Maj Susan Mitchell (AOES)  
Maj Ron Stout (AOES)  
Capt Gary Meyer (OEMD)  
Capt James Weissmann (AOP)  
Dr Richard Albanese (OEDA)  
Dr Bryce Hartman (AOC)  
Mr Jeff Blaschak (OEDA)  
Mr Jim Mathias (AOPR)  
Mr Richard Medina (OEDA)  
Mr Tom Roberts (OEDA)  
Ms Charlotte Hebert (AO-CA)  
SrA Lisa Riede (AO)

Air Training Command: Lt Col Ed Marden (SGPA)

USAF School of Aerospace Medicine: Col Murl Liebrecht (AF)  
Col Ruth Nancarrow (CP)  
Lt Col Theresa Casey (EH)  
Lt Col Tom Church (AF)  
Lt Col James Goodwin (EH)

648th Medical Squadron: Maj Charlie Klunder (SGZ)

651st Medical Squadron: Col Samuel Brock (SGE)  
Col Richard Stoller (SGO)  
Maj Sanford Zelnick (SGO)

Air Force Medical Operations Agency: Col Roger Landry (SGPA)  
Col James Dale (SGPA)

Air Force Medical Support Agency: Col Richard Rushmore (CC)  
Maj Barbara Leisey (SGSIB)  
Mr Ralph Miles (SGSIB)

Battelle Memorial Institute: Dr Jack Allen  
Dr Tom Doane  
Mr Don McGonigle



DEPARTMENT OF THE AIR FORCE  
ARMSTRONG LABORATORY (AFSC)  
BROOKS AIR FORCE BASE, TEXAS 78235-5000

REPLY TO  
ATTN OF: AL/AO-CA

21 MAY 1992

SUBJECT: Preventive Services Center Strategic Planning Group

TO: See Distribution List

1. The Preventive Services Strategic Planning Group met on 19 May in the HSD Conference Room. Representatives from ATC, WHMC, HSD, USAFSAM and AL participated (see Atch 1). Colonel Herbold gave a brief review of the Surgeon General's tasking, working group discussions and the proposal briefed to AL, HSD, WHMC, ATC and AF/SG/SGP (see Atchs 2 and 3).
2. The goal of the Planning Group is to produce an action document for implementation of a coordinated integrated Air Force Preventive Services Program in the San Antonio area (see Atch 4). Four basic "pillars" to organize action around were identified with OPR and OCR institutions: Medical Education; RDT&E (&IAC); Support and Consultation; and Preventive Services Delivery (see Atch 5).
3. For guidance, a draft concept paper for the PRHISM-IAC was distributed (see Atch 6). Each "basic pillar" OPR agreed to develop a one-page outline for discussion at the next meeting.
4. The meeting adjourned at 1530. The next meeting is scheduled for Tuesday, 2 June at 1400 hours, HSD Conference Room.

*John R. Herbold*

JOHN R. HERBOLD, DVM, MPH, PhD  
Colonel, USAF, BSC  
Chief Scientist, Aerospace Medicine Directorate

6 Atchs

1. List of Participants
2. HQ USAF/SG Ltr, 3 Apr 91
3. Prev Svs Ctr Briefing, Dec 91
4. Integrated Prev Svs Program Strategic Plan
5. List of Sub-Committees
6. Concept Paper, PRHISM-IAC

cc: HSD/CC  
USAFSAM/CC  
AL/CC  
AFMC/SG  
ATC/SG  
WHMC/CC

**DISTRIBUTION:**

Col John Herbold  
Maj Gary Triche  
Mr Ralph Miles  
Dr Richard Albanese  
Capt James Weissmann  
Mr Jim Mathias  
SrA Lisa Riede  
Col William Wolfe  
Lt Col Vaden Blackwood  
Lt Col Tom Church  
Lt Col Ben Zwart  
Col Murl Liebrecht  
Col Jim Dale  
Col David Wiesenfeld  
Col Edward Maher  
Col Robert Miller  
Maj Mary Gabriel  
Lt Col Harry Marden  
Col Ron Warner  
Col Judson Miner  
Col Ruth Nancarrow  
Lt Col James Goodwin  
Maj Phoebe Fisher  
Lt Col Theresa Casey  
Mr Tom Roberts  
Dr Bryce Hartman  
Capt Ron Stout  
Col Bruce Poitrost  
Col Mark Stokes

AL/AO-CA  
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HQ AFOMS/SGSIB  
AL/OEDA  
AL/AOP  
AL/AOP  
AL/AO  
AL/AO  
WHMC/SGK  
HQ ATC/SGPA  
AL/AOCF  
USAFSAM/AF  
USAF Clinic/SGE  
WHMC/SGKFM  
AL/OEB  
HQ HSD/XRT  
AL/AOES  
AL/AOCF  
AL/AOES  
AL/AOE  
HQ HSD/XRN  
USAFSAM/EH  
AL/OEM  
USAFSAM/EH  
AL/OEDA  
AL/AOC  
AL/AOE  
AL/OEM  
AL/OEM



DEPARTMENT OF THE AIR FORCE  
ARMSTRONG LABORATORY (AFSC)  
BROOKS AIR FORCE BASE, TEXAS 78235-5000

REPLY TO  
ATTN OF: AO-CA

16 JUN 1992

SUBJECT: Preventive Services Center Strategic Planning Group

TO: See Distribution List

1. The second meeting of the Preventive Services Strategic Planning Group was held on 2 June 1992 in the HSD Conference Room. Participants are listed in Atch 1.
2. Discussion focused on background papers provided by working groups organized at the first meeting (Atch 2). The following areas were presented:
  - a. Medical Education (Atch 3) - Colonel Leibrecht
  - b. RDT&E (Atch 4) - Major Trish
  - c. Preventive Services Delivery (Atch 5) - Colonel Dale  
(Atch 6) - Colonel Stoller
3. The next meeting is scheduled for Tuesday, 23 June at 1400 hours, HSD Conference Room. Topics to be presented are:
  - a. Support and Consultation - Major Stout
  - b. Preventive Services Delivery - Lt Colonel Blackwood
  - c. IAC Update - Colonel Herbold
4. If you have questions feel free to contact me at 536-3208.

*John R. Herbold*

JOHN R. HERBOLD, DVM, MPH, PhD  
Colonel, USAF, BSC  
Chief Scientist, Aerospace Medicine Directorate

- 6 Atchs
1. List of Participants
  2. Prev Svs Strategic Planning Group Subcommittees
  3. Medical Education
  4. RDT&E
  5. Prev Svs Delivery (Dale)
  6. Prev Svs Delivery (Stoller)

cc: HSD/CC  
USAFSAM/CC  
AL/CC  
AFMC/SG  
ATC/SG  
WHMC/CC

**DISTRIBUTION:**

Col John Herbold  
Maj Gary Triche  
Mr Ralph Miles  
Dr Richard Albanese  
Capt James Weissmann  
Mr Jim Mathias  
SrA Lisa Schnur  
Col William Wolfe  
Lt Col Vaden Blackwood  
Lt Col Tom Church  
Lt Col Ben Zwart  
Col Murl Leibrecht  
Col Jim Dale  
Col David Wiesenfeld  
Col Edward Maher  
Col Robert Miller  
Maj Mary Gabriel  
Lt Col Harry Marden  
Col Ron Warner  
Col Judson Miner  
Col Ruth Nancarrow  
Lt Col James Goodwin  
Maj Phoebe Fisher  
Lt Col Theresa Casey  
Mr Tom Roberts  
Dr Bryce Hartman  
Maj Ron Stout  
Col Bruce Poittrast  
Col Mark Stokes  
Col Richard Stoller  
Lt Col Mike Farrell  
Lt Col Jerry Owen  
Maj Greg Melcher  
Lt Col John Stepp  
Maj Robert Johnson

AL/AO-CA  
HQ AFOMS/SGSIB  
HQ AFOMS/SGSIB  
AL/OEDA  
AL/AOP  
AL/AOP  
AL/AO  
AL/AOE  
WHMC/SGK  
USAFSAM/AF  
AL/AOCF  
USAFSAM/AF  
USAF Clinic/SGE  
WHMC/SGKFM  
AL/OEB  
HQ HSD/XRT  
AL/AOES  
ATC/SGPA  
AL/AOES  
AL/AOE  
HQ HSD/XRN  
USAFSAM/EH  
AL/OEM  
USAFSAM/EH  
AL/OEDA  
AL/AOC  
AL/AOE  
AL/OEM  
AL/OEM  
USAFSAM/AF  
HSD/YAWM  
HSD/YAWM  
WHMC/SGHMI  
WHMC/SGK  
AL/AOCF





DEPARTMENT OF THE AIR FORCE  
ARMSTRONG LABORATORY (AFMC)  
BROOKS AIR FORCE BASE, TEXAS

FROM: AL/AO-CA  
Brooks AFB TX 78235-5000

24 JUL 1992

SUBJ: Preventive Services Center Strategic Planning Group Meeting

TO: See Distribution List

1. The next meeting of the Preventive Services Strategic Planning Group is scheduled for Wednesday, 12 August 1992, 1400, HSC Conference Room, Bldg 150, Brooks AFB. (Please note the day/date change.) Plan to attend and participate (no pithy protuberances!).

2. Colonel Dick Jones, previously of the Surgeon General's office and now Director of the Aerospace Medicine Directorate, Armstrong Laboratory, will provide an historical perspective on the Preventive Services initiative, "the Dockins proposal" and sundry musings regarding preventive medicine and public health.

3. Several of you have expressed bewilderment as to where we are headed. At the last meeting we agreed on the following:

Pilot/

a. Model Preventive Services Delivery Centers should be established at/ and focus on -

Kelly AFB/Occupational Medicine  
Lackland AFB/Recruits  
Randolph AFB/Model Composite Wing  
WHMC/Wellness Center for all beneficiaries

b. An Information and Analysis Center (IAC) was needed to serve as an information resource, database repository and technical center for prevention and health intervention strategies research and program development.

4. What remains to be done is to specifically (concretely) define the who, what, where, when and how a preventive services consortium in the San Antonio basin will function. Who will provide medical education and what will the organizational relationships be? Are there any other technical consultation or support roles envisioned besides the IAC? Can Preventive Services be delivered using existing MTF resources and how? Do we need an operations research capability to scope out some of these prevention issues in the Air Force population?

5. After Colonel Jones' briefing, I invite each subgroup chair to share their progress with us. Remember, we are shooting for a draft document by September.

*John R. Herbold*

JOHN R. HERBOLD, DVM, MPH, PhD  
Colonel, USAF, BSC  
Chief Scientist, Aerospace Medicine

4 Atchs

1. List of Attendees, 23 Jun 92
2. References Distributed 23 Jun 92
3. OASD(HA) Memo, Health Status Indicators for Health Promotion & Disease Prevention, 1 May 92
4. AFMC White Paper, Integrated Weapon Systems Mgmt in AFMC, 28 Jan 92

DISTRIBUTION:

Col Dick Jones  
Col John Herbold  
Maj Gary Triche  
Mr Ralph Miles  
Dr Richard Albanese  
Capt James Weissmann  
Mr Jim Mathias  
Col William Wolfe  
Lt Col Vaden Blackwood  
Lt Col Tom Church  
Lt Col Ben Zwart  
Col Murl Leibrecht  
Col Jim Dale  
Col David Wiesenfeld  
Col Edward Maher  
Col Robert Miller  
Maj Mary Gabriel  
Lt Col Harry Marden  
Col Ron Warner  
Col Judson Miner  
Col Ruth Nancarrow  
Lt Col James Goodwin  
Maj Phoebe Fisher  
Lt Col Theresa Casey  
Mr Tom Roberts  
Dr Bryce Hartman  
Maj Ron Stout  
Col Bruce Poittrast  
Col Mark Stokes  
Col Richard Stoller  
Lt Col Mike Farrell  
Lt Col Jerry Owen  
Maj Greg Melcher  
Lt Col John Stepp  
Maj Robert Johnson  
Lt Col Glenn Mitchell  
Capt Gary Meyer  
Maj Greg Melcher

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AL/AOP  
AL/AOE  
WHMC/SGK  
USAFSAM/AF  
AL/AOCF  
USAFSAM/AF  
USAF Clinic/SGE  
WHMC/SGKFM  
AL/OEB  
HQ HSD/XRT  
AL/AOES  
ATC/SGPA  
AL/AOES  
AL/AOE  
HQ HSD/XRN  
USAFSAM/EH  
AL/OEM  
USAFSAM/EH  
AL/OEDA  
AL/AOC  
AL/AOE  
AL/OEM  
AL/OEM  
USAFSAM/AF  
HSD/YAWM  
HSD/YAWM  
WHMC/SGHMI  
WHMC/SGK  
AL/AOCF  
AL/AOC  
AL/OEMD  
WHMC/SGHMI  
HSC/CC  
USAFSAM/CC  
AF/SGPA  
ATC/SG  
AFMC/CC  
WHMC/SG  
WHMC/CC  
AL/CC  
AL/OE  
AL/XP



DEPARTMENT OF THE AIR FORCE

ARMSTRONG LABORATORY (AFMC)  
BROOKS AIR FORCE BASE, TEXAS

21 SEP 1992

FROM: AL/AO-CA  
Brooks AFB TX 78235-5000

SUBJ: Preventive Services Strategic Planning Group Meeting

TO: See Distribution List

1. The next meeting of the Preventive Services Strategic Planning Group is scheduled for Wednesday, 7 October 1992, 1300, HSC Conference Room, Bldg 150, Brooks AFB. Dr Thomas Doane, Battelle Memorial Institute, will provide information on the conduct of the PRHISM-IAC feasibility survey.

2. Atch 1 is a proposed organizational framework for the PRHISM-IAC and Preventive Services Coordinating Office. This document is a "discussion document" to help you provide input regarding the roles and responsibilities of the other principal pillars of the concept: medical education; specialized support and consultation; RDT&E; and delivery of preventive services. I have also included the background slides briefed by Colonel Richard Jones at the last meeting (Atch 2). These two documents, along with the material distributed throughout the summer, should provide ample reference material to assist you prepare your report for the final Preventive Services Strategic Plan.

3. See you on 7 October at the meeting!

  
JOHN R. HERBOLD, DVM, MPH, PhD  
Colonel, USAF, BSC  
Chief Scientist, Aerospace Medicine Directorate

3 Atch  
1. PSC/PRHISM-IAC Organizational Framework  
2. USAF Preventive Services: "Putting Prevention Into Practice"  
3. List of Attendees,  
12 Aug 92

DISTRIBUTION:

Brig General George Anderson	HSC/CC
Colonel Jim Roudebush	HSC/CV
Colonel Robert Miller	HSC/XRT
Lt Colonel Mike Farrell	HSC/YAWM
Lt Colonel Jerry Owen	HSC/YAWM
Dr Billy Welch	AL/CC
Colonel Richard Jones	AL/AO
Colonel John Herbold	AL/AO-CA
Colonel William Wolfe	AL/AOE
Colonel Judson Miner	AL/AOE
Colonel Ron Warner	AL/AOES
Colonel Ben Zwart	AL/AOCF
Lt Colonel Gary Saboe	AL/AOC
Major Mary Gabriel	AL/AOES
Major Ron Stout	AL/AOES
Major Robert Johnson	AL/AOCF
Captain James Weissmann	AL/AOP
Dr Bryce Hartman	AL/AOC
Mr Jim Mathias	AL/AO
Mr John Mitchell	AL/OE
Colonel Edward Maher	AL/OEB
Colonel Bruce Poittrast	AL/OE
Colonel Mark Stokes	AL/OEM
Major Phoebe Fisher	AL/OEM
Captain Gary Meyer	AL/OEMD
Dr Richard Albanese	AL/OEDA
Dr Carter Alexander	AL/XP
Colonel Ken Hart	USAFSAM/CC
Colonel Ruth Nancarrow	USAFSAM/CC
Colonel Murl Leibrecht	USAFSAM/AF
Lt Colonel Theresa Casey	USAFSAM/EH
Lt Colonel Tom Church	USAFSAM/AF
Lt Colonel James Goodwin	USAFSAM/EH
Colonel Richard Rushmore	AFMSA/CC
Major Gary Triche	AFMSA/SGSIB
Mr Ralph Miles	AFMSA/SGSIB
Maj General Edgar R. Anderson, Jr.	WHMC/SG
Colonel Terence Cunningham	WGMC/SG-3
Colonel David Wiesenfeld	WHMC/SGKFM
Lt Colonel Vaden Blackwood	WHMC/SGK
Lt Colonel John Stepp	WHMC/SGK

Major Greg Melcher

WHMC/SGHMI

Colonel Roger Landry

AFMOA/SGPA

Brig General Paul K. Carlton, Jr  
Colonel Ed Marden

ATC/SG  
ATC/SGPA

Colonel Robert P. Behilar  
Lt Colonel Richard Smitherman

AFMC/SG  
AFMC/STTH

Colonel Richard Stoller  
Colonel Jim Dale

Kelly/SGO  
USAF Clinic SG/Kelly



DEPARTMENT OF THE AIR FORCE  
ARMSTRONG LABORATORY (AFMC)  
BROOKS AIR FORCE BASE, TEXAS

9 Oct 92

FROM: AL/AO-CA  
Brooks AFB TX 78235-5000

SUBJ: Report of Preventive Services Strategic Planning Group Meeting, 7 Oct

TO: See Action Distribution List

1. Congratulations on a great meeting! I believe we have turned the corner and now are prepared to make specific recommendations for implementation of the Preventive Services Initiative. A special thanks to Brigadier General George Anderson for sharing a consensus development tool to apply to our group deliberations.

2. Now for the work agreed to:

a. Each participant must review the entire draft model plan (Atch 1) and commit to a level of agreement/disagreement. For each numbered paragraph, indicate your degree of agreement. For any degree of disagreement, include a written statement that reflects a positive statement of what you do agree with. Return your written rankings and comments (Atch 2) to me NLT Friday, 6 Nov 92.

b. Review the proposed feasibility survey questionnaire and make any changes (Atch 3). Return your comments to me by phone, E-mail or scribbled on a piece of paper ASAP.

c. Expand on any areas of the draft plan that you feel need more clarification or a more in-depth presentation of the concept. I would like these comments NLT Friday, 6 Nov 92, if possible.

3. The next meeting is scheduled for Tuesday, 8 Dec 92, at 1300 in the HSC Conference Room. I need your cooperation in meeting the suspenses listed in paragraph 2 so that I can collate the information and adequately prepare for the December meeting. Thanks for your help!

*John R. Herbold*

JOHN R. HERBOLD, DVM, MPH, PhD  
Colonel, USAF, BSC  
Chief Scientist, Aerospace Medicine Directorate

6 Atch

1. "A Model for Imp of Integrated Life Cycle Management for Prev Med in the AF, Draft, 24 Sep 92
2. Concurrence Scale Doc
3. PRISM-IAC Questionnaire
4. List of Attendees, 7 Oct 92 Meeting
5. Action Dist List
6. Info Dist List

# **ACTION DISTRIBUTION LIST:**

Colonel Robert Miller	HSC/XRT
Lt Colonel Mike Farrell	HSC/YAWM
Lt Colonel Jerry Owen	HSC/YAWM
Colonel Richard Jones	AL/AO
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Colonel Ron Warner	AL/AOES
Colonel Ben Zwart	AL/AOCF
Lt Colonel Gary Saboe	AL/AOC
Major Mary Gabriel	AL/AOES
Major Ron Stout	AL/AOES
Major Robert Johnson	AL/AOCF
Captain James Weissmann	AL/AOP
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Major Phoebe Fisher	AL/OEM
Captain Gary Meyer	AL/OEMD
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DEPARTMENT OF THE AIR FORCE

ARMSTRONG LABORATORY (AFMC)

BROOKS AIR FORCE BASE TEXAS

FROM: AL/AO-CA  
2510 Kennedy Dr Ste 3  
Brooks AFB TX 78235-5119

8 Jan 93

SUBJ: Report of Preventive Services Strategic Planning Group  
Meeting, 8 Dec 92

TO: Strategic Planning Group

1. I appreciate your active participation and discussion. Results of the consensus building exercise are attached for your review (Atch 1). All points of disagreement/nonconcurrency will be resolved prior to submission of the draft report. Our goal is to provide the Surgeon General with a plan that can be implemented--not filed on a shelf!

2. Battelle has received excellent response to the IAC feasibility survey questionnaire. As you recall, we targeted five different groups: flight surgeons; military public health officers; health promotion offices; MTF Commanders; and an assortment of staff officers/other DoD/civilian agencies. The feedback, particularly the written comments, has been diverse and "eye-opening"!

3. Enclosed are several documents discussed at the meeting (Atch 2, 3, 4, 5). Several areas of unfinished business remain:

a. A strong Health Promotion Program has evolved in the Air Force with clearly defined organizational relationships and mission areas (Atch 6). Several of the clinical preventive medicine services that we have discussed are covered by this program. Since no strong advocate (individual or organization) for clinical preventive services has emerged over our 9 months of discussion, perhaps the Health Promotion Program is the appropriate "home" for clinical preventive services. Comments?

b. Major Barbara Leisey is chairing a subgroup to "flesh out" precisely the specific areas of support that the AFMSA will provide for the IAC and health-outcomes researchers at other AF medical facilities. Given the potential changes in existing organizational structure throughout DoD, it is important that we clearly articulate our requirements for access to information. Please give her your full cooperation.

4. Again--we are still in an information gathering-sharing mode. Once Battelle delivers the draft feasibility survey, I will circulate a draft implementation plan for your review, revision, and open discussion. Happy New Year!

*John R. Herbald*

JOHN R. HERBOLD, DVM, MPH, PhD  
Colonel, USAF, BSC  
Chief Scientist  
Aerospace Medicine Directorate

9 Atch

1. Results of Consensus Building Exercise

2. WHMC/SG-1 Ltr,  
6 Nov 92

3. HQ ATC/SG Ltr,  
20 Nov 92

4. HSC/CC Ltr,  
25 Nov 92

5. Revised Draft,  
A Model for Imp of  
Integ Life Cycle  
Mgt for Prev Med in  
the AF, 8 Dec 92

6. AFR 30-53, USAF  
Health Promo Prog, dtd  
31 Mar 92

7. List of Attendees,  
8 Dec 92 Meeting

8. Strategic Planning  
Group Dist List

9. Info Dist List

cc: See Info Dist List

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ATC/SGPA

Colonel Richard Stoller

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Dr Tom Doane

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DEPARTMENT OF THE AIR FORCE

ARMSTRONG LABORATORY (AFMC)  
BROOKS AIR FORCE BASE TEXAS

FROM: AL/AO-CA  
2510 Kennedy Circle, Suite 117  
Brooks AFB TX 78235-5119

12 March 1993

SUBJ: Preventive Services Strategic Planning Group Meeting,  
10 March 1993

TO: All Participants - Preventive Services Strategic Planning  
Group Activities

1. The meeting was held on Wednesday, 10 March 1993, 1400 hours, HSC Conference Room, Bldg 150, Brooks AFB. Attendees are listed in attachment 1.

2. Agenda Items Discussed:

- a. Final Draft Report
- b. Battelle Report
- c. San Antonio Health Care Coordinating Council (SA-HCCC) Plan.

3. Copies of all final documents will be provided to each participant. Any last minute ideas, concepts, off-line comments should be Faxed to me at 210-536-2042.

JOHN R. HERBOLD, DVM, MPH, PhD  
Colonel, USAF, BSC  
Chief Scientist  
Aerospace Medicine Directorate

1 Atch  
List of Attendees

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ATC/SGPA

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651 Med Sq/SGO/Kelly

Dr Tom Doane

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Brig General Paul K. Carlton, Jr	ATC/SG
Colonel Robert P. Belihar	AFMC/SG
Lt Colonel Richard Smitherman	AFMC/STTH

REFERENCE LIST OF INFORMATION DISTRIBUTED TO MEMBERS OF THE  
STRATEGIC PLANNING GROUP

1. HSC/CC Letters (6), 13 April 1992, Appointment of Preventive Services Center Strategic Planning Group Members.
2. List of Participants, Preventive Services Center Strategic Planning Group Meeting (19 May 1992 Meeting).
3. HQ USAF/SG Letter, 3 April 1991, Creating a Center to Develop Preventive Medical Services (19 May 1992 Meeting).
4. Preventive Services Center Briefing, December 1991 (19 May 1992 Meeting).
5. Integrated Preventive Services Program Strategic Plan (19 May 1992 Meeting).
6. List of Sub-Committees (19 May 1992 Meeting).
7. Concept Paper, PRHISM-IAC (19 May 1992 Meeting).
8. List of Participants, Preventive Services Center Strategic Planning Group Meeting (2 June 1992 Meeting).
9. Preventive Services Strategic Planning Group Subcommittees (2 June 1992 Meeting).
10. Talking Paper on Preventive Services Center--Education Strategy (2 June 1992 Meeting).
11. AL/AOP Letter, 26 May 1992, Preventive Services RDT&E Planning Group Meeting (2 June 1992 Meeting).
12. Preventive Services Delivery Matrix, Operational Guidance--Colonel Dale (2 June 1992 Meeting).
13. Preventive Services Center, Strategic Planning for Integrating and Delivery of Preventive Services--Colonel Stoller (2 June 1992 Meeting).
14. List of Attendees, Preventive Services Center Strategic Planning Group Meeting (23 June 1992 Meeting).
15. Preventive Services Strategic Planning Group "Where are We" Chart (23 June 1992 Meeting).

16. HSC/CC Letter, 15 June 1992, Preventive Services Initiative Update (23 June 1992 Meeting).
17. HQ USAF/SGP Letter, 4 May 1992, Focused Physical Examination (23 June 1992 Meeting).
18. OASD(HA) Memo, Coordinated Care Program Guidance No. 8, Health Promotion and Disease Prevention (23 June 1992 Meeting).
19. HQ USAF/SGP Letter, 25 March 1992, Development of Morbidity-based Questions to Accompany Current Mortality Health Risk Appraisal (HRA) (23 June 1992 Meeting).
20. Ambulatory Case-Mix Methodologies: Application to Primary Care Research (Paper by Jonathan P. Weiner, Dr.P.H.) (23 June 1992 Meeting).
21. The Public Policy Perspective on Health Policy and Primary Care (Paper by Philip R. Lee, M.D.) (23 June 1992 Meeting).
22. Research in Primary Care: A National Priority (Paper by Heddy Hibbard, R.N., M.P.H. and Paul A. Nutting, M.D., M.S.P.H.) (23 June 1992 Meeting).
23. Draft Statement of Work, Prevention and Health Intervention Strategies Management Information and Analysis Center (PRHISM-IAC) (23 June 1992 Meeting).
24. OASD(HA) Memo, Health Status Indicators for Health Promotion and Disease Prevention, 1 May 1992 (23 June 1992 Meeting).
25. AFMC White Paper, Integrated Weapon Systems Management in AFMC, 28 January 1992 (23 June 1992 Meeting).
26. PSC/PRHISM-IAC Organizational Framework (12 August 1992 Meeting).
27. Briefing, USAF Preventive Services: "Putting Prevention Into Practice" (12 August 1992 Meeting).
28. List of Attendees, Preventive Services Center Strategic Planning Group Meeting (12 August 1992 Meeting).
29. "A Model for Implementation of Integrated Life Cycle Management for Preventive Medicine in the Air Force," Draft, 24 September 1992 (7 October 1992 Meeting).

30. Concurrence Scale Document (7 October 1992 Meeting).
31. PRHISM-IAC Questionnaire (7 October 1992 Meeting).
32. List of Attendees, Preventive Services Center Strategic Planning Group Meeting (7 October 1992 Meeting).
33. Results of Consensus Building Exercise (8 December 1992 Meeting).
34. WHMC/SG-1 Letter, 6 November 1992, Preventive Medicine Services (8 December 1992 Meeting).
35. HQ ATC/SG Letter, 20 November 1992, Preventive Services Feasibility Survey Questionnaire (8 December 1992 Meeting).
36. HSC/CC Letter, 25 November 1992, Preventive Services Initiative Update (8 December 1992 Meeting).
37. Revised Draft, A Model for Implementation of Integrated Life Cycle Management for Preventive Medicine in the Air Force, 8 December 1992 (8 December 1992 Meeting).
38. AF Regulation 30-53, US Air Force Health Promotion Program (PA), 31 March 1992 (8 December 1992 Meeting).
39. List of Attendees, Preventive Services Center Strategic Planning Group Meeting (8 December 1992 Meeting).
40. San Antonio Health Care Coordinating Council Plan, 16 March 1992 (10 March 1993 Meeting).
41. List of Attendees, Preventive Services Center Strategic Planning Group Meeting (10 March 1993 Meeting).
42. HSC/CC Letter, 19 April 1993, Preventive Services Initiative Update (Final Report to Participants in the Preventive Services Strategic Planning Group, 10 May 1993).